

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001881

FILED
Jan 13, 2008
Secretary of State

Entity Name: LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LEGACY CHASE HOMEOWNERS ASSOCIATION
P.O. BOX 540639
LAKE WORTH, FL 334580639 US

New Principal Place of Business:

Current Mailing Address:

LEGACY CHASE HOMEOWNERS ASSOC.
P.O. BOX 540639
LAKE WORTH, FL 334540639 US

New Mailing Address:

LEGACY CHASE HOMEOWNERS ASSOCIATION
P.O. BOX 540639
LAKE WORTH, FL 334580639 US

FEI Number: 65-0947046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOZZACCO, ALEXANDER
6447 MARBLETREE LANE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: CLOUSE, DEVON MR
Address: 6352 SQUIREWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DVP () Delete
Name: SCIANDRA, ROBERT MR
Address: 6340 SQUIREWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DP () Delete
Name: BOZZOCCO, ALEXANDER MR
Address: 6447 MARBLE TREE LANE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D () Delete
Name: ODUM, LORENZO MR
Address: 6608 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete
Name: CAPIZZI, LYNN MRS
Address: 7428 WATER DANCE WAY
City-St-Zip: LAKE WORTH, FL 33457 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLOUSE, DEVON MR
Address: 6352 SQUIREWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: CERA, PHYLLIS E MRS.
Address: 6501 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS E. CERA

DT

01/13/2008

Electronic Signature of Signing Officer or Director

Date