

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90190 006 ****61.25

DOCUMENT # N99000004021

1. Entity Name
LEGENDS EDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4000 MARIOTT DRIVE
PANAMA CITY, FL 32408**

Mailing Address
**ATTN: RESORT OPERATIONS
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821**

60036021



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3586608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Colmery, Sam 720 Elmwood Point Aurora, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINNICK, BRUCE 2815 REMINGTON GREEN CIRCLE, STE 200 TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T SCOVILLE, WAYNE W 2583 RIDGEWOOD LANE BELDEN, ME 04071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Epstein, Lisa 4300 Nanchuan Dr Mowatt, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JP LEANDRO, SANDY 6649 WESTWOOD BOULEVARD ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 4/16/08 407-206-6428