2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005957

FILED Apr 19, 2009 Secretary of State

Entity Name: LEGACY OF LEESBURG PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5955 T.G. LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 328224457 US ORLANDO, FL 328093200 US

Current Mailing Address: New Mailing Address:

5955 T.G. LEE BLVD, SUITE 300 6972 LAKE GLORIA BLVD ORLANDO, FL 328224457 US ORLANDO, FL 328093200 US

FEI Number: 65-1008789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUMMERS, GARY L ESQ
380 W ALFRED STREET
6972 LAKE GLORIA BLVD
TAVARES, FL 32778 US
0RLANDO, FL 328093200 US

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: REBECCA FURLOW 04/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PD (X) Change () Addition

 Name:
 NORDSTROM, STEVEN R
 Name:
 GATTO, DIANE

 Address:
 2801 S BAY ST
 Address:
 5329 FANTASY WAY

 City-St-Zip:
 EUSTIS, FL 32726 US
 City-St-Zip:
 LEESBURG, FL 34748 US

Title: D () Delete Title: VPD (X) Change () Addition

 Name:
 DELUCA, TONY
 Name:
 LAFRENIERE, MAURICE

 Address:
 2801 S. BAY ST
 Address:
 5364 BUTTERFLY COURT

 City-St-Zip:
 EUSTIS, FL 32726 US
 City-St-Zip:
 LEESBURG, FL 34748 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 LEDFORD, MARTHA
 Name:
 RUSSELL, BOB

 Address:
 2801 S. BAY ST
 Address:
 27114 GREENFLY ORCHID LN

Address: 2801 S. BAY S1 Address: 27114 GREENFLY ORCHID LIN
City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: LEESBURG, FL 34748 US

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ZILER, C. JOSEPH
 Name:
 KOECHLEIN, TODD

 Address:
 2801 S. BAY ST
 Address:
 26714 WETLANDS WAY

 City-St-Zip:
 EUSTIS, FL 32726 US
 City-St-Zip:
 LEESBURG, FL 34748 US

Title: D () Delete Title: MD (X) Change () Addition

Name:NAGLE, BRIAN WName:FEHRENBACK, BOBAddress:2801 S. BAY STAddress:5351 POND CROSSING PLACE

City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: LEESBURG, FL 34748 US

Title: () Delete Title: MD () Change (X) Addition Name: EDWARDS, BILL

 Address:
 Address:
 5408 WATER LILY COURT

 City-St-Zip:
 City-St-Zip:
 LEESBURG, FL 34748

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: DIANE GATTO PD 04/19/2009