

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90105 022 ****61.25

DOCUMENT # N99000007660

1. Entity Name
LEGACY RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

Mailing Address
**ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**



2. Principal Place of Business

3. Mailing Address

02252005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0977957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, STEVEN	
STREET ADDRESS	7504 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEELER, STACEY	
STREET ADDRESS	7583 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEIN, SUSAN	
STREET ADDRESS	7426 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVITT, JENNIFER	
STREET ADDRESS	7576 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATOS, MONIQUE	
STREET ADDRESS	7414 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, KELLY	
STREET ADDRESS	7577 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGLOIRE, PETERSON	
STREET ADDRESS	7600 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, KIRAN	
STREET ADDRESS	7481 GREENVILLE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4-21-05