

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90036 020 ****61.25

DOCUMENT # N99000007660

1. Entity Name
LEGACY RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% PRIME MANAGEMENT
6595 SMITH FARM BLVD
LAKE WORTH, FL 33467**

Mailing Address
**% PRIME MANAGEMENT
6595 SMITH FARM BLVD
LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE

40010000



01092008 No Chg-NP CR2E037 (4/06)

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

**LOUIS CAPLAN, ESQUIRE OF SACHS & SAX
301 YAMATO ROAD
SUITE 4150
BOCA RATON, FL 33431**

**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

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, 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
**P
MAGLIORE, PETERSON
7600 GREENVILLE CIRCLE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOLDSTEIN, KELLY
7577 GREENVILLE CIRCLE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LEVITT, JENNIFER
7576 GREENVILLE CIRCLE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATEL, KIRAN
7481 GREENVILLE CIRCLE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAPPA, JOHN
7547 GREENVILLE CIRCLE
LAKE WORTH, FL 33467**

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 #

1/9/08 561641 6300