

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000008939 (8)

1. Corporation Name

LEGACY PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

ATTN: KATHLEEN FERGUSON  
4850 NW 26TH AVENUE  
BOCA RATON FL 33434

ATTN: KATHLEEN FERGUSON  
4850 NW 26TH AVENUE  
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0478573

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 811675  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Boca Raton, FL  
Zip Country

24 33481 25 USA

29 33481 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SATURN, RICK A  
433 PLAZA REAL  
SUITE 275  
BOCA RATON FL 33432

81 Name Kathleen Ferguson  
82 Street Address (P.O. Box Number is Not Acceptable)  
4850 NW 26th AVE  
83  
84 City Boca Raton FL 85 Zip Code 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Kathleen Ferguson*

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

(NOTE: Registered Agent signature required when reinstating)

3-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GARDNER, SHERRIE R  
STREET ADDRESS 2623 N.W. 49TH ST.  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME FERGUSON, KATHLEEN E  
STREET ADDRESS 4850 N.W. 26TH AVE.  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME Teresa W. Rushing  
1.3 STREET ADDRESS 5161 Majerica Club Dr.  
1.4 CITY-ST-ZIP Boca Raton, FL 33486

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen Ferguson*

03/10/98 561/997-9420

CR2E034 (10/97)