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

PROFIT -CORPORATION ANNUAL REPORT

1999

THE LEGACY CLUB, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000037904**1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90088 034 ***150.00

		ISDI uu ddis bu isi i	18487 (3115 (1865)

		_							
Principal Place	e of Business	Mailing Address		***************************************		*****			
1704 ALAQUA LONGWOOD FI		1704 ALAQUA LAKES BLVD LONGWOOD FL 32779			ļ	DO NOT WRI	re in This	SPACE	
					}	3. Date Incorporated or Qualifed	E 114 11 113	JI AOL	
					1	04/27/1998			1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
2. 1 1110000	lace of Business	26	¬ ·			65-0838746		No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	•	27	27			5. Certificate of Status Desired		Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing	П	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	try	ļ	This corporation owes the curr	ent year Int		
24	25		30			Personal Property Tax.	·	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	 -	81 Name		10. Name and Address of New F	egisterea .	Agent	
CHE	RRY, RICHARD G			81 Name	rest	nkin, John K			
	5 PALM BEACH LAKES BLVD SI	HTE 600	17	82 Street	Addres	ss (P.O. Box Number is Not Accepta	ıble)		
	ST PALM BEACH FL 33401	311C 000	-	83	<u>u</u>	5. beneva ra			
*****	THEM BE WITH E GO TO !),	33					}
			7	84 City	~~~	n oto	FL	85 Zip,	Gode 207
				<u></u>		25074		changing its	registered
office of r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was au	ithonzed	by the come	oration	's board of directors. I hereby accep	t the appoin	ntment as re	gistered
agent. I a	m familiar with, and accept the oblig	of, Section 607.0505, Flori	da Statut	les O	. ما ـ	his Hool	90		
SIGNATURE			onn	1C.19	SVII	when reinstating)	DATE		[
42	Signature, typed or proved name of registered age	ND DIRECTORS	13.	igent signature i	equireo w	ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
TITLE	OF TOURS A	DELETE	1.1 IIIL		PI		. <u>, , , , , , , , , , , , , , , , , , ,</u>	☐ Change	Addition
NAME		_	1.2 NAM		No	per Michael.			
STREET ADDRESS						ber Michael 05.Beneva Ad			1
CITY-ST-ZIP				Y-ST-ZIP	Sar	asota, FL 34238	•		ا م
TITLE		DELETE	2.1 TITL		VIS)		Change	Addition
NAME	*** ,		2.2 NAM	ΛE	Bay	ion, Steve 208. Beneva Rd			ļ
STREET ADDRESS			2.3 STF	REET ADDRESS	717	os. Beneva ha			[
CITY-ST-ZIP				Y-ST-ZIP	Sa	1930ta, FL 34289			ا ر
TITLE		☐ DELETE	3.1 TITL		5/1			Change	Addition
NAME			3.2 NAM	ΛE	Ba	ss, Keith			ĺ
STREET ADDRESS			3.3 STF	REET ADDRESS	717	zos. Beneva Kd			ļ
CITY-ST-ZIP	}		3.4. CIT	Y-ST-ZIP	Sa	1990ta, FL 3423	3		
TITLE		DELETE	4.1 TITL	 E	T^{-}			Change	☐ Addition
NAME	}		4. 2 NA	ME	})
STREET ADDRESS	}		4.3 STF	REET ADDRESS					Ì
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>				
TITLE		DELETE	5.1 TITL	£				Change	☐ Addition
NAME			5.2 NAX	Æ	1				ļ
STREET ADDRESS			5.3 STR	REET ADDRESS	-[1
CITY-ST-ZIP_				Y-ST-ZIP					
TITLE		□ DELETE	6.1 TITL					☐ Change	☐ Addition
NAME			6.2 NAA	Æ	1				
OTDOOT ADDRESS			6.3 STF	REET ADDRESS	.				1

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

I