

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001835

Entity Name: THE LEGACY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3880 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**3880 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459**FEI Number:** 59-3649542**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIG MANAGEMENT SERVICES, LLC
50 PALM STREET
FREEPORT, FL 32439 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:** CHANA M. CRAIG

05/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	IGOU, DEVON
Address	297 CAMPBELL STREET
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	STEWART, MARCIE
Address	810 MARSEILLES DR
City-State-Zip:	ATLANTA GA 30327

Title	SECRETARY/TREASURER
Name	HUGULEY, JOEL
Address	245 SARDIS ROAD
City-State-Zip:	GARDENDALE AL 35071

Title	VP
Name	SHALLER, JON
Address	2255 WINTHROP AVE
City-State-Zip:	CHARLOTTE NC 28203

Title	DIRECTOR
Name	FLEMING, JEFFERY M
Address	4245 KEMP BLVD SUITE 510
City-State-Zip:	WICHITA FALLS TX 76308

I hereby 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 all other like empowered.

SIGNATURE: DEVON A IGOU

PRESIDENT

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date