

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/29/2008-90074-045-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:53

<b>DOCUMENT # N07000003863</b> 1. Entity Name <b>LEGACY AT TAMPA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016</b>			Mailing Address <b>7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MUNOZ, JUAN O 7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MUNOZ, JUAN O 7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HERNANDEZ, REINALDO D 7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOCORRO, ALFREDO 7880 WEST 20 AVE SUITE 28 HIALEAH, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/08 (72)295-0811 <small>Date Daytime Phone #</small>		

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