

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000621

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** LE REFUGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2506 W TENNESSEE AVE  
D  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2506 W TENNESSEE AVE  
D  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EGGLESTON, HARRY R III  
2506 W TENNESSEE AVE  
D  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EGGLESTON, HARRY III  
Address: 2506 W TENNESSEE AVE #D  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: ESTES, JAMES C JR  
Address: 2506 W TENNESSEE AVE #A  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: KING, KIM  
Address: 2506 W TENNESSEE AVE #B  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: HENERSON, REXFORD  
Address: 2506 W TENNESSEE AVE #C  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY R. EGGLESTON III

PD

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date