1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90015 034 ****61.25

DOCUMENT # 749191

1. Corporation Name

LA MER CONDOMINIUM PHASE ! ASSOCIATION, INC.

Principal Place of Business Mailing Address CAMCO SERVICES INC 4445 HWY A1A 4445 HWY A1A STE. 150A VERO BEACH FL 32963 VERO BEACH FL 32963 US			963						
⊢ –,	cipal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 10/04/1979			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	Ac	plied For	
			. .			59-2153778	<u> </u>	ot Applicable	
22 27						\$8.75	Additional		
23 28						5. Certificate of Status Desired .	Fee Re	quired	
Zip				try 6. Election Campaign Financing \$5.00 May Be					
24	25 29 30				Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
		•		81 Na	me			1	
PALESTRINI, PAUL				82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)			
CAMCO SERVICES INC.						<u> </u>			
4445 A1A, STE. 150A			j	83		•		· [
VERO BEACH FL 32963			į	84 Cit	v		85 Zip (Code	
1	· · ·				•	F			
11=Pursuant to the provisions of Sections 617:0502 and 617:1508, 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 farmflar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature (Note: Registered Agent stoneture required when reinstating) DATE									
	Signature, typed or printed flame of registered a	gent and title if applicable. AND DIRECTORS	(NOTE: Registered	Agent signa	ture required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
12.	D	DELE		1F		7.5071010,01111020 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	☐ Addition	
TITLE	MCCANN, SUSANNE		1.2 NA				, —	_	
NAME STREET ADDRESS	5554 N A1A, #304		1 -	REET ADOR	ess			j.	
	VERO BEACH FL			ry-st-zip					
CITY-ST-ZIP	VD □ DELETE 2.1TI			_		Change	☐ Addition		
NAME	MCCANN, SUZANNE		22 NA	ME				\ 	
STREET ADDRESS	5554 N A1A, UNIT 304		2.3 ST	REET ADDR	RESS	•		1	
CITY-ST-ZIP	VERO BEACH FL			TY-ST-ZIP					
TITLE	PD	☐ DELE					Change	Addition	
NAME	SKOVE, FREDERICK		3.2 NA	ME	}			ì	
STREET ADDRESS	FFF 4 81 444 #000		3.3 ST	REET ADDR	ess				
CITY-ST-ZIP	VERO BEACH FL 32963		3.4. CI	TY-ST-ZIP		·			
TITLE	TD	☐ DELE	ΤΕ 4.1 TΠ	Œ			☐ Change	☐ Addition	
NAME	DANA, LEE		4. 2 N	ME					
STREET ADDRESS	841 CAMEILLIA COURT		4.3 ST	REET ADDR	æss				
CITY-ST-ZIP	PLANTATION FL		4.4 CD	TY-ST-ZIP					
TITLE	SD	☐ DETE			\		Change	Addition	
NAME	WINSLOW, NAN	•	5.2 NA		_ جد ارد	را المحال معالم		ļ	
STREET ADDRESS	5554 N A1A, UNIT 106			REET ADDR	RESS			•	
CITY-ST-ZIP	VERO BEACH FL			TY-ST-ZIP			<u> </u>		
TITLE		☐ DELE					Change	☐ Addition	
NAME			6.2 NA						
STREET ADDRESS			•	REET ADDR	RESS				
0177 07 710	i		6.4 CF	TY-ST-ZIP	- 1			l	

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 617, 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.

SIGNATURE:

36499 234-8300 Date Daytime Phone #