

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90056 034 ****61.25

DOCUMENT # 749191

1. Entity Name
LA MER CONDOMINIUM PHASE I ASSOCIATION, INC.



Principal Place of Business
**C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**

Mailing Address
**C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2153778

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINNON, CHARLES W
3405 OCEAN DRIVE
VERO BEACH, FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCANN, SUSANNE 5554 N A1A, #304 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACLEOD, KEITH 5558 N A1A #206 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, JOHN 5554 N. A1A #211 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JOE 5558 N. A1A, #208 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, JACK 5554 N. A1A, #201 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD John Hurst 5554 N A1A #211 VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fred Skove 5554 N A1A #202 VERO BEACH FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH MACLEOD 5558 N. A1A #206 VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

RECEIVED

MAR 25 2004

**REVENUE
DBPR**

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment

#749191

54028417

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

April 1, 2004

Florida's Future...
**Right Here.
Right Now.**

Jeb Bush
Governor

Diane Carr
Secretary

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FL 32314

Division of Administration

Bureau of Central Intake

1940 North Monroe Street

Tallahassee, Florida

32399-0783

RE: CORRESPONDENCE RETURN

VOICE
850.487.1395

FAX
850.488.8040

INTERNET
www.myflorida.com

TO WHOM IT MAY CONCERN:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
HAS RECEIVED YOUR CHECK.

THE ENCLOSED DOCUMENTATION IS NOT INTENDED FOR THE
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
(DBPR). AS A RESULT, WE ARE FORWARDING THESE DOCUMENTS,
ALONG WITH CHECK #884 MADE IN THE AMOUNT OF \$61.25, TO
YOUR OFFICE.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY
QUESTIONS, PLEASE CALL THE NUMBER LISTED.

ENCLOSURE

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