

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90337 004 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCANN, SUSANNE	
STREET ADDRESS	5554 N A1A, #304	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACLEOD, KEITH	
STREET ADDRESS	5558 N A1A #208	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SKOVE, FREDERICK	
STREET ADDRESS	5554 N A1A, #202	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, JOE	
STREET ADDRESS	5558 N. A1A, #208	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, JACK	
STREET ADDRESS	5554 N. A1A, #201	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, SUZANNE	
STREET ADDRESS	5554 N. A1A #304	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, KEITH	
STREET ADDRESS	5558 N. A1A #206	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURST, JOHN	
STREET ADDRESS	5554 N. A1A #211	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Not a Signature Required* **March 17/03** 231-9283

CR2E037 (10/02)