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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754609 (6)

1. Corporation Name

LA MER OF PINELLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GREG MELCHIOR 19110 GULF BLVD INDIAN SHORES FL 33536 US	C/O GREG MELCHIOR 4711 CLEAR AVENUE TAMPA FL 33629-5511

3. Date Incorporated or Qualified: 10/15/1980
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24: 33785 / 29
Country — 25 / 30

4. FEI Number: 59-2072886 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MELCHIOR, GREG
4711 CLEAR AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	STD	☐ DELETE	1.1 TITLE	D[redacted]	☐ Change ☒ Addition
NAME	FORD, JOHN		1.2 NAME	David Hawkins	
STREET ADDRESS	2812 PEMBERTON CIR. DR.		1.3 STREET ADDRESS	19110 Gulf Blvd	
CITY-ST-ZIP	SEFFNER FL		1.4 CITY-ST-ZIP	Indian Shores, FL 33536	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANGEL IZQUIERDO	7903 Flowerfield Dr	2.2 NAME		
STREET ADDRESS	P.O. BOX 152665		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	Tampa, FL 33615	2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MELCHIOR, GREG		3.2 NAME		
STREET ADDRESS	4711 CLEAR AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	I	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	[redacted]		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

[redacted] (813) 286-0342