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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33785 US	C/O GREG MELCHIOR ~~4711 CLEAR AVENUE~~ ~~TAMPA FL 33629~~ C/O GREG MELCHIOR 4504 W. CULBREATH AVE

3. Date Incorporated or Qualified: 10/15/1980

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 ~~4504 W. CULBREATH AVE~~ C/O GREG MELCHIOR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 4504 W. CULBREATH AVE
23 City & State	28 City & State TAMPA, FL
24 Zip / 25 Country	29 Zip 33609 / 30 Country U.S.

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 GREG MELCHIOR
82 Street Address (P.O. Box Number is Not Acceptable) 4504 W. CULBREATH AVE
83
84 City TAMPA FL 85 Zip Code 33609

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 Greg Melchior, President (Greg Melchior) 5/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FORD, JOHN 2812 PEMBERTON CIR. DR. SEFFNER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANGEL IZQUIERDO 7903 FLOWERFIELD DR TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELCHIOR, GREG 4711 CLEAR AVE. TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, DAVID 19110 GULF BLVD. INDIAN SHORES FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Greg Melchior (Greg Melchior) 5/1/98 (613) 323-3565