NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 754609

1. Corporation Name

LA MER OF PINELLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O GREG MELCHIOR
19110 GULF BLVD
INDIAN SHORES FL 33785
US

Mailing Address

4504 W CULBRETH AVENUE TAMPA FL 33609

US

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90040 020 \*\*\*\*61.25

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<ul> <li>→ PTMCupalit</li> </ul>	Place of Business	2a. Mailin	g Address			3. Data incorporated or	Qualified		
21		26				10/15/1980			
Suffe, Apt	#, etc	Suite,	Apt. #, etc			4. FEI Number		F	pplied For-
27						59-2072886			lot Applicable
City & Sta	ate		State			5Certificate of Status E	Desired []		Additional Required
23	Country	28 Zip		Cou	ntry	6. Election Campaign F	inancina -	\$5.00	May Be
Zip	_ '	· ·	r.	30	,	Trust Fund Contribut	- 11		to Fees
24	9. Name and Address of Current	29		30		10. Name and Address			
<del></del>	P. Name and Address of Current	Modision v	- Gerit		81 Name				
MELCHIOR, GREG					82 Street Add	iress (P.O. Box Number is No	ot Acceptable)		
4504 W CULBREATH AVENUE					83				
TAMPA FL 33629					<b>~</b>				
	•				84 City			85 Zip	Code
							F	<del></del>	
11. Pursuan	t to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.150	8, Florida Statute	s, the a	bove-named cor	poration submits this stateme	ent for the purpose aby accept the app	ज टारामुणय । pointment as (	i⇒ registered i9gistered
	registered agent, or both, in the State of am familiar with, and accept the obligati					auri e pour a or anough e. i illei	and another the side		J
									<u></u>
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicat	ie. (NOTE:		Agent signature requi	ed when reinstaling)	DATE	LUD DIGGGG	OPC IN 12
12.	OFFICERS AND	DIRECTOR	S	13.		ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	STD		DELETE	1.1 TI	rue			☐ Change	Addition
NAME	FORD, JOHN			1.2 N	MÉ				
STREET ADDRESS				1.3 51	REET ADORESS				
CITY-ST-ZIP	SEFFNER FL			1.4 01	ry-st-ZP				
ITILE	PD		☐ DELETE	2.1 Π				Change	Addition
	MELCHIOR, GREG			2.2 N	.ue				
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TITLE NAME STREET ADDRESS	- TAMPA-FL		☐ DELETE (	3.1 TI 3.2 No. 3.3 ST	TY-ST-ZP	<b>√ 0 6 0 0 0 0 0 0 0 0 0 0</b>	or Direi		
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 113.07(3), Florida Statutes, additional indicated on this annual report or supplemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE KEGUIRED

ATURE NO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7-eg harle (813) 27:

CR2E037 (11/98)