

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 754609

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2072886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MELCHIOR, GREG
4504 W CULBREATH AVENUE
TAMPA, FL 33629**

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IN THIS SPACE**

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 reissuing)

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

1100000127521
04/26/04-80001-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVD
FORD, JOHN
19201 VISTA LN., APT 3
INDIAN ROCKS BEACH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CANNING, CRAIG
3367 HEATHER GLYNN DR
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KAMP, JUDY W
555 FIFTH AVE. NE., APT 424
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

JOHN FORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-04 (813) 248-2723