

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 007 \*\*\*\*61.25

**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**

**40089094**



05242005 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**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

**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

**DO NOT WRITE  
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

**JOHN FORD, TVD**

**6/5/05** (727) 517-2829  
Date Daytime Phone #