

**2006 NOT-FOR-PROFIT CO.
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 754609

1. Entity Name
**LA MER OF PINELLAS CONDOMINIUM ASSOCIATION,
INC.**



Principal Office Address
**C/O GREG MELCHIOR
19110 GULF BLVD
INDIAN SHORES, FL 33785 US**

Mailing Address
**4504 W CULBRETH AVENUE
TAMPA, FL 33609 US**



05252006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2072886

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MELCHIOR, GREG
4504 W CULBRETH 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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000572460
07/27/06-80005-008 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 exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Canning

Date

6-25-06

Daytime Phone #

863 299-1221