2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 754609

1. *Entity 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	4504 W CULBRETH AVENUE TAMPA, FL 33609 US

07212007 No Chg-NP CR2E037 (4/06)

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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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	TVD
NAME	FORD, JOHN
STREET ADDRESS	19201 VISTA LN., APT 3
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	PD
NAME	CANNING, CRAIG
STREET ADDRESS	3367 HEATHER GLYNN DR
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	SD
NAME	KAMP, JUDY W
STREET ADDRESS	555 FIFTH AVE. NE., APT 424
CITY-ST-ZIP	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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09/13/07-80003-004 61.25

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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: Craig Canning President 7-29-30 863 224-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #