

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754609

FILED  
Apr 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

C/O GREG MELCHIOR  
19110 GULF BLVD  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

4504 W CULBRETH AVENUE  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 59-2072886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TVD ( ) Delete  
Name: FORD, JOHN  
Address: 19201 VISTA LN., APT 3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) Delete  
Name: CANNING, CRAIG  
Address: 3367 HEATHER GLYNN DR  
City-St-Zip: MULBERRY, FL 33860

Title: SD ( ) Delete  
Name: KAMP, JUDY W  
Address: 555 FIFTH AVE. NE., APT 424  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG MELCHIOR

P

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date