

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90143 023 ****61.25

0012396

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2072886**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~STD~~ ☐ Delete
NAME **FORD, JOHN**
STREET ADDRESS **2812 PEMBERTON CIR. DR.**
CITY-ST-ZIP **SEFFNER FL**

TITLE **TV D** ☒ Change ☐ Addition
NAME **D FORD, JOHN (D)**
STREET ADDRESS **19201 VISTA LANE - APT. 3**
CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE ~~PD~~ ☒ Delete
NAME **MELCHIOR, GREG**
STREET ADDRESS **4711 CLEAR AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE ~~PD~~ ☐ Change ☒ Addition
NAME **D CRAIG CANNING (D)**
STREET ADDRESS **3367 HEATHER GLYNN DRIVE**
CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE ~~VD~~ ☒ Delete
NAME **HAWKINS, DAVID**
STREET ADDRESS **19110 GULF BLVD.**
CITY-ST-ZIP **INDIAN SHORES FL**

TITLE ~~SD~~ ☐ Change ☒ Addition
NAME **D JUDY WEITE KAMP (D)**
STREET ADDRESS **555 FIFTH AVE. NE, APT 424**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE RE: CRAIG CANNING 9-1-03 863 299-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President.**

Date

Daytime Phone #

CR2E037 (4/03)