

**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 Mailing Address
C/O GREG MELCHIOR 4504 W CULBRETH AVENUE
19110 GULF BLVD TAMPA FL 33609
INDIAN SHORES FL 33785 US
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
MELCHIOR, GREG
4504 W CULBRETH AVENUE
TAMPA FL 33629

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

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	FORD, JOHN	
STREET ADDRESS	2812 PEMBERTON CIR. DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MELCHIOR, GREG	
STREET ADDRESS	4711 CLEAR AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, DAVID	
STREET ADDRESS	19110 GULF BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TV D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JOHN (D)	
STREET ADDRESS	19201 VISTA LANE - APT. 3	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG CANNING (D)	
STREET ADDRESS	3367 HEATHER GLYNN DRIVE	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY WEITE KAMP (D)	
STREET ADDRESS	555 FIFTH AVE. NE, APT 424	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 RECALLED 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)