

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 024 ****61.25

DOCUMENT # 717997

1. Entity Name
LA MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**375 BEACH ROAD
TEQUESTA, FL 33469**

Mailing Address
**% CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE STE 109
WEST PALM BEACH, FL 33403**

400301



DO NOT WRITE IN THIS SPACE

02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1316367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOME & APARTMENT SERVICES
PETE WILSON-MGR
208 US HWY ONE SUITE 9
TEQUESTA, FL 33469**

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CASEY, MARCIA
STREET ADDRESS	375 BCH RD 402
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	TD
NAME	ROMANO, GEORGE Richard Servetnick
STREET ADDRESS	375 BEACH ROAD # 701
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	D
NAME	SANTONELLI, SAYRE
STREET ADDRESS	375 BEACH ROAD, # 403
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	PD
NAME	FOLLETT, DONALD
STREET ADDRESS	375 BEACH ROAD 203
CITY-ST-ZIP	TEQUESTA, FL
TITLE	D
NAME	RANDLE, STUART MRS TAFE EZEKIEL
STREET ADDRESS	375 BEACH ROAD 204 702
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald Follett, Pres 2/22/08 561-746-3773