

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717997

FILED
Apr 16, 2009
Secretary of State

Entity Name: LA MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

375 BEACH ROAD
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

% PIMS INC.
P.O. BOX 4505
JUPITER, FL 33469

FEI Number: 59-1316367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOME & APARTMENT SERVICES
PETE WILSON-MGR
208 US HWY ONE SUITE 9
TEQUESTA, FL 33469 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: SD () Delete
Name: CASEY, MARCIA
Address: 375 BCH RD 402
City-St-Zip: JUPITER, FL 33469

Title: TD () Delete
Name: SERVETNICE, RICHARD
Address: 375 BEACH ROAD #701
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: SANTONELLI, SAYRE
Address: 375 BEACH ROAD, # 403
City-St-Zip: TEQUESTA, FL 33469

Title: PD () Delete
Name: FOLLETT, DONALD
Address: 375 BEACH ROAD 203
City-St-Zip: TEQUESTA, FL

Title: D () Delete
Name: TAFPE, EZEKIEL
Address: 375 BEACH ROAD 702
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DARGIE, DONALD
Address: 375 BEACH ROAD #802
City-St-Zip: JUPITER, FL 33469

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

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

Title: D (X) Change () Addition
Name: PHILIPS, LISA
Address: 7416 N. EDGEWILD DRIVE
City-St-Zip: PEORIA, IL 61614

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: PETE WILSON

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date