

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724879 (2)

1. Corporation Name

LA ENTRADA DEL MAR ASSOCIATION INC.

Principal Place of Business

Mailing Address

1300 SEAWAY DR. BLDG. F
FT PIERCE FL 34949

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FT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1972

3a. Date of Last Report
04/28/1994

4. FEI Number
59-1559991

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL & MURRAY P.A.
102 NORTH SECOND STREET
FORT PIERCE FL 34950

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SPIERS, KENNETH
STREET ADDRESS 1300 SEAWAY DR D-1
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME ~~ANN, BONNIE~~ DELETE
STREET ADDRESS 1300 SEAWAY DR D-3
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE ☒ Addition
2.2 NAME JOHN FREDERICK
2.3 STREET ADDRESS 1300 SEAWAY DR. B-3
2.4 CITY-ST-ZIP FT. PIERCE FL 34949

TITLE D
NAME ~~SADOWSKI, ANN~~ DELETE
STREET ADDRESS 1300 SEAWAY DR A-1
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE ☒ Addition
3.2 NAME WILLIAM BULMER
3.3 STREET ADDRESS 1300 SEAWAY DR. A-1
3.4 CITY-ST-ZIP FT. PIERCE FL 34949

TITLE D
NAME PURRAZZELLA, JOE
STREET ADDRESS 1300 SEAWAY DR D-10
CITY-ST-ZIP FT PIERCE FL

4.1 TITLE ☒ Addition
4.2 NAME J. MICHAEL BRENNAN
4.3 STREET ADDRESS 3221 LIVE OAK LN.
4.4 CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE ST
NAME BOZARTH, MILLIE
STREET ADDRESS 1300 SEAWAY DR D-9
CITY-ST-ZIP FT PIERCE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST
NAME ~~MILLER, JUDI~~ DELETE
STREET ADDRESS P O BOX 3957 N/A
CITY-ST-ZIP FT PIERCE, FL 00000

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth Spiers Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH SPIERS

Date

(407) 467-9566

Daytime Phone