

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 91336 046 ****61.25

DOCUMENT # 724879

1. Entity Name

LA ENTRADA DEL MAR ASSOCIATION INC.

Principal Place of Business

**1300 SEAWAY DR., BLDG. F
 FT PIERCE FL 34949**

Mailing Address

**1300 SEAWAY DR., BLDG. F
 FT PIERCE FL 34949**

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

59-1559991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIERS, KENNETH 1300 SEAWAY DR D-1 FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANNE, MICHELIN 1300 SEAWAY DR E7 FORT PIERCE FL 34949	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERBERT, JACK 1300 SEAWAY DR B-11 FORT PIERCE FL 34949	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODNER, DONALD 1300 SEAWAY DR D-3 FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOZARTH, MILLIE 1300 SEAWAY DR D-9 FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, J. M 3221 LIVE OAK LN FT PIERCE, FL 00000	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR TED W. EICHOLTZ 1300 SEAWAY DR. E-6 FT PIERCE FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR LEE JACKSON 1300 SEAWAY DR. A-7 FT PIERCE FL 34949

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: *Kenneth Spiers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01

Date

464-2195
 Daytime Phone #

CR2E037 (10/00)