

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

01-18-2005 90055 021 ****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 CAMPBELL & MURRAY P.A. 102 NORTH SECOND STREET FORT PIERCE, FL 34950		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: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2005.		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASST. DOCKMASTER ZARRELLA, MICHAEL 1300 SEAWAY DR. E7 FT PIERCE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKMASTER EICHOLTZ, TED W 1300 SEAWAY DRIVE #E-6 FORT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER LACY, DAN 1300 SEAWAY DR E-8 FORT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT BIRMINGHAM, MICHAEL 1300 SEAWAY DRIVE B-6 FORT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOZARTH, MILLIE 1300 SEAWAY DR D-9 FT. PIERCE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, LEE 1300 SEAWAY DR A-7 FORT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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: <u>Millie Bozarth</u> <u>MILLIE BOZARTH</u>		1/17/05 772 461-3176	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	