


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90059 010 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40005500



01102007 Chg-NP CR2E037 (12/06)

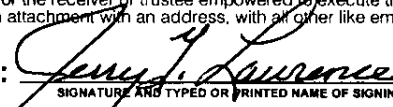
4. FEI Number 59-1559991		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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 THOMAS L. CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 5705 OLEANDER AVE. City FORT PIERCE FL Zip Code 34982	
--	--	---	--

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 1-19-07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	AD BRENNAN, ELAINE 1300 SEAWAY DRIVE SUITE D-14 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHOLTZ, TED W 1300 SEAWAY DRIVE #E-6 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT CHAMBERS 1300 SEAWAY DR. A-6 FT. PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, DAN 1300 SEAWAY DR E-8 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADEBAUGH, CHIP 1300 SEAWAY DRIVE SUITE B-4 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOZARTH, MILLIE 1300 SEAWAY DR D-9 FT PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, JERRY 1300 SEAWAY DR B-10 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.	
SIGNATURE:  Jerry G. Lawrence	DATE 1/19/07 DAYTIME PHONE # 712-466-9635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	