

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90028 035 ****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	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 THOMAS L. CAMPBELL 5705 OLEANDER AVE. FORT PIERCE, FL 34982			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		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	AD BRENNAN, ELAINE 1300 SEAWAY DRIVE SUITE D-14 FORT PIERCE, FL 34949 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, ROBERT 1300 SEAWAY DR. A-6 FORT PIERCE, FL 34949 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, DAN 1300 SEAWAY DR E-8 FORT PIERCE, FL 34949 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH GODFREY 1604 SEAWAY DR. FT. PIERCE, FL 34949 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADEBAUGH, CHIP 1300 SEAWAY DRIVE SUITE B-4 FORT PIERCE, FL 34949 ☐ Delete		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 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, JERRY 1300 SEAWAY DR B-10 FORT PIERCE, FL 34949 ☐ Delete		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 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: <i>Jerry Lawrence, V.P.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1/22/08</i> Daytime Phone #		