

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**

08 MAY 27 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 724879</b> 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		05122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1559991	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	CHAMBERS, ROBERT 1300 SEAWAY DR. A-6 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, JOSEPH 1604 SEAWAY DR. FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RADEBAUGH, CHIP 1300 SEAWAY DRIVE SUITE B-4 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
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	JR LAWRENCE, JERRY 1300 SEAWAY DR B-10 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHAMBERS, ROBERT 1300 SEAWAY DR. A-6 FT PIERCE, FL 34949				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RADEBAUGH, CHIP 1300 SEAWAY DR. B-4 FT. PIERCE, FL 34949				
400130671824 06/03/08--01015--006 **61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAWRENCE, JERRY 1300 SEAWAY DR. B-10 FT. PIERCE, FL 34949				
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: <u>MILLIE BOZARTH S/T MILLIE BOZARTH</u> 5-26-08 772-461-3176 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					