2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 724879

Entity Name: LA ENTRADA DEL MAR ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1559991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS L. CAMPBELL
5705 OLEANDER AVE.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	AD	( ) Delete
Name:	BRENNAN, ELAINE	
Address:	1300 SEAWAY DRIVE SUITE D-14	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	VP	( ) Delete
Name:	CHAMBERS, ROBERT	
Address:	1300 SEAWAY DR. A-6	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	D	( ) Delete
Name:	GODFREY, JOSEPH	
Address:	1604 SEAWAY DR.	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	D	( ) Delete
Name:	RADEBAUGH, CHIP	
Address:	1300 SEAWAY DRIVE SUITE B-4	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	ST	( ) Delete
Name:	BOZARTH, MILLIE	
Address:	1300 SEAWAY DR D-9	
City-St-Zip:	FT PIERCE, FL	
Title:	P	( ) Delete
Name:	LAWRENCE, JERRY	
Address:	1300 SEAWAY DR B-10	
City-St-Zip:	FORT PIERCE, FL 34949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAM, WALKER	
Address:	1300 SEAWAY DRIVE SUITE C-1	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE BOZARTH ST 04/08/2009

Electronic Signature of Signing Officer or Director — Date