

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 017 ****61.25

DOCUMENT # 740913					
1. Entity Name LA MER ASSOCIATION OF COCOA BEACH, INC.					
Principal Place of Business 550 GARFIELD AVE COCOA BEACH FL 32931			Mailing Address 550 GARFIELD AVE STE. 201 COCOA BEACH FL 32931 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1889364	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIUSTI, ROBERT 550 GARFIELD AVE #204 COCOA BEACH FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <i>Robert Giusti</i> ROBERT GIUSTI - TREASURER - 3/23/2005 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: 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	PD ZORNES, KAREN 550 GARFIELD AVE #202 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGAS, MARY 550 GARFIELD AVE #501 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELOCHE LAVERNE 550 GARFIELD AVE #103 COCOA BEACH - FL 32931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHENAULT, DAVID 550 GARFIELD AVE #203 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIUSTI, ROBERT 550 GARFIELD DR #204 COCOA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUGGERUD, JEAN 550 GARFIELD AVE #101 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUT: 9008-21 10321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9008-21 10321	☐ 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: *Robert Giusti* **ROBERT GIUSTI - TREASURER** 3/23/05 - 783 - 9726