

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 014 ****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
~~ST. 203~~ ~~9-2031~~
COCOA BEACH, FL 32931 US**

3047



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

550 GARFIELD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072007 Chg-NP CR2E037 (12/06)

City & State

City & State

Cocoa Beach, FL

4. FEI Number
59-1889364

Applied For
Not Applicable

Zip

Country

Zip

Country

32931

BREVARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOGAS, MARY E
550 GARFIELD AVE
503
COCOA BEACH, FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

TITLE **PD** ☐ Delete
NAME **ZORNES, KAREN**
STREET ADDRESS **550 GARFIELD AVE #202**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **VD** ☐ Delete
NAME **BARTH, LINDEN L**
STREET ADDRESS **550 GARFIELD AVE 501**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **S** ☐ Delete
NAME **CHENAULT, DAVID**
STREET ADDRESS **550 GARFIELD AVE #203**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **TD** ☐ Delete
NAME **FOGAS, MARY**
STREET ADDRESS **550 GARFIELD AVE 503**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **TD** ☐ Delete
NAME **BRACE, BETH**
STREET ADDRESS **550 GARFIELD AVE 101**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT
KAREN ZORNES**

07/09/07 321-626 8028

Date

Daytime Phone #