

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740913

FILED
Apr 09, 2008
Secretary of State

Entity Name: LA MER ASSOCIATION OF COCOA BEACH, INC.

Current Principal Place of Business:

550 GARFIELD AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

550 GARFIELD AVE
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-1889364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGAS, MARY E
550 GARFIELD AVE
503
COCOA BEACH, FL 32931 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: PD () Delete
Name: ZORNES, KAREN
Address: 550 GARFIELD AVE #202
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: BARTH, LINSSEN L
Address: 550 GARFIELD AVE 501
City-St-Zip: COCOA BEACH, FL 32931

Title: S () Delete
Name: CHENAULT, DAVID
Address: 550 GARFIELD AVE #203
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: FOGAS, MARY
Address: 550 GARFIELD AVE 503
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: BRACE, BETH
Address: 550 GARFIELD AVE 101
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARNOLD, MARGRET
Address: 550 GARFIELD AVE #303
City-St-Zip: COCOA BEACH, FL 32931

Title: VD (X) Change () Addition
Name: MELOCHE, LAVERNE L
Address: 550 GARFIELD AVE # 103
City-St-Zip: COCOA BEACH, FL 32931

Title: S (X) Change () Addition
Name: THORPE, SANDI
Address: 18 HIGH ST
City-St-Zip: HUBBARDSTON, MA 01452

Title: D (X) Change () Addition
Name: SMITH, JIM
Address: 61 FRONT STREET
City-St-Zip: SALAMANCA, NY 14779

Title: D (X) Change () Addition
Name: SPELLING, ROSEMARY
Address: 550 GARFIELD AVE # 104
City-St-Zip: COCOA BEACH, FL 32931

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: MARK EVANS

CAM

04/09/2008

Electronic Signature of Signing Officer or Director

Date