

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 10, 2005  
Secretary of State**

DOCUMENT# 747642

Entity Name: LA CONCHA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5320 140TH AVENUE NORTH  
CLEARWATER, FL 346203743

**New Principal Place of Business:**

**Current Mailing Address:**

5320 140TH AVENUE NORTH  
CLEARWATER, FL 346203743

**New Mailing Address:**

FEI Number: 59-2967043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUMMEL, DELORES  
5320 140TH AVENUE NORTH  
CLEARWATER, FL 346203743 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: CHAPMAN, ROBERT  
Address: 8020 FORSYTH BLVD.  
City-St-Zip: ST. LOUIS, MO 63105

Title: VD ( ) Delete  
Name: SHIMBERG, JAMES  
Address: 10102 WHITE TROUT LANE  
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete  
Name: PURVANCE, MARGARET  
Address: 2843 MEADOW OAK DRIVE  
City-St-Zip: CLEARWATER, FL 34621

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT CHAPMAN

PD

05/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date