


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

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

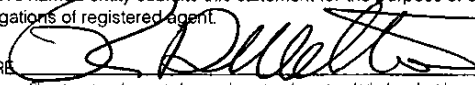
05-04-2005 90103 001 \*\*\*\*61.25

<b>DOCUMENT # 749673</b>		
1. Entity Name <b>LA MOUETTE CONDOMINIUM, INC.</b>		
Principal Place of Business <b>20064 GULF BOULEVARD INDIAN SHORES FL 33785 US</b>		Mailing Address <b>670 A.D. GRES 20064 GULF BOULEVARD INDIAN SHORES FL 34635</b> <i>Condominium Management</i>
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 47048</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <b>ST. Petersburg FL.</b>
Zip	Country	Zip <b>33743</b> Country <b>Pinellas</b>

14016250



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2583098</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GRES, ALFRED D. 20064 GULF BOULEVARD INDIAN SHORES FL 34635</b>		
7. Name and Address of New Registered Agent Name <b>Ronald Weltan</b> Street Address (P.O. Box Number is Not Acceptable) <b>5444 Park Blvd. #101</b> City <b>Pinellas Park</b> FL Zip Code <b>33781</b>		
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  (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	VP BLACKBURN, SCOTT 20064 GULF BLVD INDIAN SHORES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Blackburn, Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRES, ALFRED D 20064 GULF BLVD INDIAN SHORES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRES, Alfred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, JOSEPH R 20064 GULF BLVD INDIAN SHORES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchanan, Elliot 20064 Gulf Blvd #2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, WILLIAM R 20064 GULF BV INDIAN SHORES FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

727-596-0801

Date

Daytime Phone #