


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 764724 1. Entity Name LAMER CONDOMINIUM ASSOCIATION OF N.W. FLORIDA, INC.		
Principal Place of Business 14009 PERDIDO KEY DRIVE APT # 102-A PENSACOLA, FL 32507	Mailing Address 1569 STEPSTONE WAY LAWRENCEVILLE, GA 30043	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GELE, GLENN T 14009 PERDIDO KEY DRIVE APT 102-A PERDIDO KEY, FL 32507		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	PRES AVERY, THOMAS G 4636 SOUTH LAKERIDGE DRIVE HOOVER, AL 35244	DO NOT WRITE IN THIS SPACE U00000588517 01/17/07-80076-017 61.25
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	VP COOPER, LYNN 13668 THISTLEWOOD DRIVE CARMEL, IN 46032	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	TREA GELE, GLENN T 1569 STEPSTONE WAY LAWRENCEVILLE, GA 30043	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	DIR. KRUSE, BOB 5803 CRINER ROAD, SE HUNTSVILLE, AL 35802	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	DIR. DOWNS, DIANE 5840 MULDOON PENSACOLA, FL 32526	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	DIR. DUCIC, DALE 2580 MAGNOLIA PLACE BIRMINGHAM, AL 35242	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">SIGNATURE: <u>GLENN GELE</u> LAMER CONDO ASSOC. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="width: 35%; text-align: right;">ACTING TREASURER FOR 1-6-07 (770) 962-2158 <small>Date Daytime Phone #</small></div></div>		