

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764724

FILED
Jan 13, 2009
Secretary of State

Entity Name: LAMER CONDOMINIUM ASSOCIATION OF N.W. FLORIDA, INC.

Current Principal Place of Business:

14009 PERDIDO KEY DRIVE
APT # 102-A
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1569 STEPSTONE WAY
LAWRENCEVILLE, GA 30043

New Mailing Address:

FEI Number: 59-2286381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELE, GLENN T
14009 PERDIDO KEY DRIVE
APT 102-A
PERDIDO KEY, FL 32507 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: D () Delete
Name: AVERY, THOMAS G
Address: 4636 SOUTH LAKERIDGE DRIVE
City-St-Zip: HOOVER, AL 35244

Title: P () Delete
Name: COOPER, LYNN
Address: 13668 THISTLEWOOD DRIVE
City-St-Zip: CARMEL, IN 46032

Title: TREA () Delete
Name: GELE, GLENN T
Address: 1569 STEPSTONE WAY
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: VP () Delete
Name: WAINWRIGHT, JAMES R
Address: 5510 LILBURN STONE MTN. RD
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: D () Delete
Name: WARD, JOE
Address: 10353 N NATCHEZ LP
City-St-Zip: DUNNELLON, FL 34434

Title: DIR. () Delete
Name: DUCIC, DALE
Address: 2580 MAGNOLIA PLACE
City-St-Zip: BIRMINGHAM, AL 35242

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:

Title: DIR (X) Change () Addition
Name: WAINWRIGHT, JAMES R
Address: 5510 LILBURN STONE MTN. RD
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: VP (X) Change () Addition
Name: WARD, JOE
Address: 10353 N NATCHEZ LP
City-St-Zip: DUNNELLON, FL 34434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLENN GELE

TREA

01/13/2009

Electronic Signature of Signing Officer or Director

Date