

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003466

FILED
Apr 21, 2009
Secretary of State

Entity Name: LE-MAR CONDOMINIUM ASSOCIATION OF PINELLAS, INC.

Current Principal Place of Business:

614 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

4708 WHITE CLIFF PL
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-3395513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, KAREN D
4708 WHITE CLIFF PL
DOVER, FL 33527 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: DP () Delete
Name: THIBEAULT, ROGER
Address: 3908 EL PADRO
City-St-Zip: TAMPA, FL 33614

Title: DT () Delete
Name: POWELL, KAREN D
Address: 4708 WHITE CLIFF PLACE
City-St-Zip: DOVER, FL 33527

Title: DS () Delete
Name: MIRABAL, OSMARA
Address: 8431 N. GRADY AVE.
City-St-Zip: TAMPA, FL 33614

Title: DV () Delete
Name: REYES, ROLAND
Address: 4106 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

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: () 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: KAREN D. POWELL

DT

04/21/2009

Electronic Signature of Signing Officer or Director

Date