

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

FILED

Feb 19, 2007 08:00 AM

Secretary of State

DOCUMENT # N95000003466

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



Principal Place of Business
**614 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address
**4708 WHITE CLIFF PL
DOVER, FL 33527**



02162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3395513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, KAREN D
4708 WHITE CLIFF PL
DOVER, FL 33527**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THIBEAULT, ROGER
STREET ADDRESS	3908 EL PADRO
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	DT
NAME	POWELL, KAREN D
STREET ADDRESS	4708 WHITE CLIFF PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	DS
NAME	MIRABAL, OSMARA
STREET ADDRESS	8431 N. GRADY AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	DV
NAME	REYES, ROLAND
STREET ADDRESS	4106 WAZEELE ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642550
03/01/07-80038-025 61.25

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IN THIS SPACE**

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.

SIGNATURE: *Karen D. Powell* **Karen D. Powell** *DT* *2/16/07* *8136770560*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #