

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724214 (2)

1. Corporation Name
PLAYA DEL SOL ASSOCIATION, INC



Principal Place of Business Mailing Address
3500 GALT OCEAN DR. **3500 GALT OCEAN DR.**
FT. LAUDERDALE FL 33308 **FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/28/1972 **06/12/1995**

4. FEI Number Applied For
59-1522423 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 28

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SINIAWSKY, ALVIN H
3500 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, ROBERT L	
STREET ADDRESS	2801 N.E. 41ST ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIFSHEY, EARL M	
STREET ADDRESS	3500 GALT OCEAN DR.,	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINIAWSKY, ALVIN H.	
STREET ADDRESS	3500 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	CAPOBIANCO, ANGELO	
STREET ADDRESS	3500 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DICARLO, ANTHONY G	
STREET ADDRESS	3500 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIUNFUL, ANNE	
STREET ADDRESS	3500 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK P. LAMARE	
1.3 STREET ADDRESS	3500 GALT OCEAN DR. #2702	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY A HOLST	
2.3 STREET ADDRESS	3500 GALT OCEAN DR. # 811	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL GRADY	
3.3 STREET ADDRESS	3500 GALT OCEAN DR. #312	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or changes thereon an attachment with an address.

SIGNATURE: *[Signature]* Date: **6/6/96** Daytime Phone #

CR2E037 (3/96)