FILED

03-25-2002 90085 012 ****61.25

1. Entity Name

PLAYA DEL SOL ASSOCIATION, INC

DOCUMENT # 724214

Principal Place of Business

Mailing Address

3500 GALT OCEAN DR. FT. LAUDERDALE FL 33308

3500 GALT OCEAN DR. FT. LAUDERDALE FL 33308

] 				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-1522423		oplied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		•	Name					
BECKER 8	POLIAKOFF, P.A.		Street A	Street Address (P.O. Box Number is Not Acceptable)				
3111 STIRLING ROAD FT LAUDERDALE FL 33312								
:	,		City	FL Zip Code				
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. SIGNATURE Becker and Poliakoff, P.A. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
			aign Financing ntribution.	\$5.00 May Be Added to Fees		ck Payable tentot State		
10.	OFFICERS AND DIF	ECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, CHUCK 3500 GALT OCEAN DR FT LAUDERDALE FL	∠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank Pollace 3500 Galt Oce Ft. LaUDERDAL	ean Drive	☐ Change	Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VALENT, ROBERT DR 3500 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP Domenic Faro 3500 Galt Occ Ft. Lauderdal	ean Drive	☐ Change	Addition Addition	
CITY-ST-ZIP	KATKIN, MARLENE 3500 GALT OCEAN DR FT LAUDERDALE FL 33308	, ,	NAME STREET ADDRESS CITY-ST-ZIP	Richard Pohar 3500 Galt Oce Ft. Lauderdal	an Drive		Addition	
NAME STREET ADDRESS	CARALLO, PETER 3500 GALT OCEAN DRIVE	Delete	TITLE NAME STREET ADDRESS	S Alvin Sohn	an Drivo	X Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

D

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FORT LAUDERDALE FL 33308

3500 GALT OCEAN DR

PIEMME, THOMAS

FT. LAUDERDALE FL 33308

3500 GALT OCEAN DRIVE

SOHN, ALVIN

Delete

Delete

Peter Cavallo

Thomas Piemme

Ft.Lauderdale, Fl. 33308

3500 Galt Ocean Drive

3500 Galt Ocean Drive

Ft.Lauderdale Fl. 33308

■ Change

Addition

☐ Addition