


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90103 033 \*\*\*\*61.25

**DOCUMENT # 724214**

1. Entity Name  
**PLAYA DEL SOL ASSOCIATION, INC**




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

Mailing Address  
**3500 GALT OCEAN DR.  
 FT. LAUDERDALE, FL 33308**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1522423**

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

6. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, P.A.  
 3111 STIRLING ROAD  
 FT LAUDERDALE, FL 33312**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEEDS, HOWARD</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>SOHN, GAE</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>POHAN, RICHARD</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROCE, VINCENT</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DR</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAVAILO, PETER</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NUSBAUN, ROGER</b>	
STREET ADDRESS	<b>3500 GALT OCEAN DR</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Andrews</b>	
STREET ADDRESS	<b>3500 Galt Ocean Dr.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale Fl. 33308</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert King</b>	
STREET ADDRESS	<b>3500 Galt Ocean Dr.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale Fl. 33308</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Valenti</b>	
STREET ADDRESS	<b>3500 Galt Ocean</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale Fl. 33308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Howards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #