

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90163 035 ****61.25

DOCUMENT # 755467

1. Entity Name

LA PLAYITA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3901 4TH AVE.
HOLMES BEACH FL 34217**

Mailing Address

**PO BOX 1607
HOLMES BEACH FL 34218-1607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2471910**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDON, THOMAS E.
1007 83RD ST NW
BRADENTON FL 34209**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	METALLO, STEVEN	
STREET ADDRESS	9158 16TH AVE CIR, N.W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	COFFTA, CARMELLA M	
STREET ADDRESS	159 JACKSON ST.	
CITY-ST-ZIP	BATAVIA NY 14020	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	SACKSTEIN, HAROLD	
STREET ADDRESS	5360 S.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sackstein, Harold	
STREET ADDRESS	5360 SW. 87TH AVE	
CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFTA, CARMELLA M	
STREET ADDRESS	159 JACKSON ST.	
CITY-ST-ZIP	BATAVIA NY 14020	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secula, Richard	
STREET ADDRESS	8802 Thorntree DR.	
CITY-ST-ZIP	Grosse Ile, MI 48138	
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 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.

SIGNATURE: *Tom Condon* **Tom Condon** 5-1-03

CR2E037 (10/02)