2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003920

City-St-Zip:

Title:

Name:

Address: City-St-Zip:

Entity Name: LA PLAYA OWNERS ASSOCIATION, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
275 WEST MAIN STREET LAKE BUTLER, FL 32054				4168 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169			
Current Mailing Address:				New Mailing Address:			
275 WEST MAIN STREET LAKE BUTLER, FL 32054				4168 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32054			
FEI Number:	26-2474638	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate o	f Status Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registe	ered Agent:
FORTNER, CHRIS 275 WEST MAIN STREET LAKE BUTLER, FL 32054 US				SURFCOAST REALTY INC. 4168 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 US			
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose o	of changing it	ts registered o	office or regis	stered agent, or both,
SIGNATURE: SURFCOAST REALTY INC				04/30/2008			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () FORTNER, CHR 275 WEST MAIN LAKE BUTLER, I	ISTREET		Title: Name: Address: City-St-Zip:	PD (X MORGAN, DEN 520 ESTHER S NEW SMYRNA	ST.	
Title: Name: Address: City-St-Zip:	DV () CARLTON, PAUL 275 WEST MAIN LAKE BUTLER, I	ISTREET		Title: Name: Address: City-St-Zip:	D (X LINARES, CES 510 ESTHER S NEW SMYRNA	ST.	
Title: Name: Address: City-St-Zip:	DTS () RUSSELL, TIM 275 WEST MAIN LAKE BUTLER, I			Title: Name: Address: City-St-Zip:	D (X SMITH, LARRY 510 ESTHER S NEW SMYRNA	ST.	
Title: Name: Address:	()	Delete		Title: Name: Address:	S () KINSELLA, SC 530 ESTHER S		ddition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name: Address:

City-St-Zip:

City-St-Zip: NEW SMYRNA BEACH, FL 32169

KINSELLA, ROBT.

530 ESTHER ST

() Change (X) Addition

NEW SMYRNA BEACH, FL 32169

SIGNATURE: DENNIS MORGAN PD 04/30/2008

() Delete