

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2009
Secretary of State**

DOCUMENT# N07000003920

Entity Name: LA PLAYA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32054

New Mailing Address:

FEI Number: 26-2474638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURFCOAST REALTY INC.
4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGAN, DENNIS E
Address: 520 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LINARES, CESAR
Address: 510 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: SMITH, LARRY
Address: 510 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: KINSELLA, SCOTT
Address: 530 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: KINSELLA, ROBT.
Address: 530 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT DEL ROSE

RA

01/29/2009

Electronic Signature of Signing Officer or Director

Date