

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000092368

FILED
Oct 15, 2009
Secretary of State**Entity Name:** CASA PLAYA CORPORATION OF COCOA BEACH**Current Principal Place of Business:**2510 SUN COVE LANE
NORTH PALM BEACH, FL 33410**New Principal Place of Business:****Current Mailing Address:**2510 SUN COVE LANE
NORTH PALM BEACH, FL 33410**New Mailing Address:****FEI Number:** 26-0795676**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**UVANILE, JOSEPH D
2510 SUN COVE LANE
NORTH PALM BEACH, FL 33410 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: PSTD () Delete
Name: UVANILE, JOSEPH D
Address: 1351 SOUTH KILLIAN DRIVE, SUITE 4
City-St-Zip: LAKE PARK, FL 33403

Title: VD () Delete
Name: UVANILE, JOSEPH C
Address: 2510 SUN COVE LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: V () Delete
Name: FORSYTHE, RYAN
Address: 1351 SOUTH KILLIAN DRIVE, SUITE 4
City-St-Zip: LAKE PARK, FL 33403

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: KRESSER, GARY
Address: 1351 SOUTH KILLIAN DRIVE, SUITE 4
City-St-Zip: LAKE PARK, FL 33403

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. UVANILE

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10/15/2009

Electronic Signature of Signing Officer or Director

Date