FILE NOW: FILING FEE IS $61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755467 (8)

1. Corporation Name

LA PLAYITA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3801 4TH AVE. HOLMES BEACH FL 34217	P.O. BOX 1178 ANNA MARIA FL 34216-1178

3. Date Incorporated or Qualified: 12/09/1980	3a. Date of Last Report: 01/01/1996
4. FEI Number: 59-2471910	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 5201 Gulf Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Holmes Beach Fl
Zip 24 Country 25	Zip 29 34217 Country 30 USA

9. Name and Address of Current Registered Agent

CARLSON, SUE
305 POINSETTIA
ANNA MARIA FL 34216

10. Name and Address of New Registered Agent

81 Name: David Vande Vrede
82 Street Address (P.O. Box Number Is Not Acceptable): 5201 Gulf Dr.
83 Holmes Beach
84 City FL 85 Zip Code 34217

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE David VandeVrede 2-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, SUE		1.2 NAME	
STREET ADDRESS	305 POINSETTA P.O. BOX 1178		1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL 34216		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMER, ED		2.2 NAME	
STREET ADDRESS	4243 IVERNESS LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI 48323		2.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COFFTA, CARMELLA M		3.2 NAME	
STREET ADDRESS	159 JACKSON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BATAVIA NY 14020		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Sue Carlson 3-13-97 (941) 778-0510