

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 724214

**Entity Name:** PLAYA DEL SOL ASSOCIATION, INC

**Current Principal Place of Business:**

3500 GALT OCEAN DR.  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

3500 GALT OCEAN DR.  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 59-1522423

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, PA C/O DONNA DIMAGGIO BERGER, ESQ.  
1 EAST BROWARD BLVD.  
SUITE 1800  
FORT LAUDERDALE, FL 33301 US

*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:** DONNA DIMAGGIO BERGER, ESQ.

09/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEYDOUN, MALEK  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            VP, TREASURER  
Name            FLYNN, SHAUN  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            D  
Name            BAKALIS, ALEX  
Address        3500 GALT OCEAN DR  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            SCLAFANI, JOSEPH  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            DELOUISE, DENISE  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            SECRETARY  
Name            PENZA, DEBORAH  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            JOHNSON, DAVE  
Address        3500 GALT OCEAN DR.  
City-State-Zip: FT. LAUDERDALE FL 33308

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHAUN FLYNN

VP, TREASURER

09/04/2020

Electronic Signature of Signing Officer/Director Detail

Date