

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 024 ****61.25

DOCUMENT # 723284 1. Entity Name LA PLAYA ASSOCIATION, INC			
Principal Place of Business MARVIN REAL ESTATE 1835 NORTH THIRD ST. JACKSONVILLE BEACH, FL 32250 US		Mailing Address POST OFFICE BOX 330026 ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address PO Box 330026 Suite, Apt. #, etc.	
City & State Atlantic Beach FL		City & State Atlantic Beach FL	
Zip 32233	Country USA	Zip 32233	Country USA
4. FEI Number 59-1638699		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA M. 1835 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Marvin + Floyd Realty Inc <i>[Signature]</i> 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINKLER, JOHN 13028 NORMEDS AVE. JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Ingram 2415 Costa Verde Blvd. #206 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGRAM, THOMAS 2415 COSTA VERDE BLVD #206 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kevin Walsh 2415 Costa Verde Blvd. #317 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWOOD, ALLISON 2415 COSTA VERDE BLVD. #315 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anne Storch 2415 Costa Verde Blvd. #103 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, KEVIN 2415 COSTA VERDE BLVD #317 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SALEM, JOSEPH 2415 COSTA VERDE BLVD #210 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Tessa Clark, manager</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-07 <small>Date</small>	904-249-8599 <small>Daytime Phone #</small>