2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723284

Entity Name: LA PLAYA ASSOCIATION, INC

FILED Apr 09, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	NTIC BLVD.				
#1 ATLANTIC	BEACH, FL 32233	3 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 3	30026				
	BEACH, FL 3223	3 US			
FEI Number: 59-1638699 FEI Number Applied For () F			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:	
753 ATLAN	FLOYD REALTY II NTIC BLVD #1 BEACH, FL 3223(
	named entity subme of Florida.	nits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic Si	gnature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () Delet WINKLER, JOHN 13028 NORMEDS AV JACKSONVILLE, FL	/E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delei INGRAM, THOMAS 2415 COSTA VERDE JACKSONVILLE BEA	BLVD #206	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAMILTON, KATHY 906 GREENRIDGE RD JACKSONVILLE, FL 32207	
Title: Name: Address: City-St-Zip:	TD () Delei GREENWOOD, ALLI- 2415 COSTA VERDE JACKSONVILLE BEA	SON BLVD. #315	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition GREENWOOD, ALLISON 2415 COSTA VERDE BLVD. #315 JACKSONVILLE BEACH, FL 32250	
Title: Name: Address: City-St-Zip:	PD () Delet WALSH, KEVIN 2415 COSTA VERDE JACKSONVILLE BEA	BLVD #317	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JOSEPH, SALEM 2415 COSTA VERDE BLVD #210 JACKSONVILLE BEACH, FL 32250	
Title: Name: Address: City-St-Zip:	SD () Delet STORCH, ANNE 2415 COSTA VERDE JACKSONVILLE BEA	BLVD #103	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SONIA MARVIN MGR 04/09/2009