

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 728118

1. Entity Name
LA PLAYA EAST ASSOCIATION, INC.



Principal Place of Business
1343 HWY A-1-A
SATELLITE BEACH, FL 32937

Mailing Address
1343 HWY A-1-A
SATELLITE BEACH, FL 32937



01122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1738222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, ROBERT
1343 HWY A1A
UNIT 4A
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FRITZ, ROBERT C
1343 HWY A1A
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MARSZALEK, J.
1343 N A1A 6-B
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
TIMKO, BRUCE
1343 HWY A1A
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CRAIG, ROBERT
1343 HWY A1A-1A
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SIMMONS, BOB
1343 HWY A1A-4A
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000804900
02/05/08-80086-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 31- 774-7742
Day Daytime Phone