2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT #728118 1. Entity Name LA PLAYA EAST ASSOCIATION, INC. Principal Place of Business Mailing Address 1343 HIGWY A-1-A 1343 HIGWY A-1-A SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 01122008 No Chg-NP DO NOT WRITE IN THIS SPACE 4. FEI Number 5. (6. Name and Address of Current Registered Agent SIMMONS, ROBERT 1343 HWY A1A **UNIT 4A** SATELLITE BEACH, FL 32937

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

59-1738222	Ī	Not Appl
Certificate of Status Desired	\$8.75 Fee Re	Additional ilred

CR2E037 (4/06)

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Signature. Typed or printed name of reglatered squent and tike if applicable. (NOTE: Registered Apent dignature required wrent reincisting) Filling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS ITTLE FRITZ, ROBERT C STRET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE VAMAE SIREET ADDRESS 1343 N A1A 6-B STREET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE TIME VAMAE SIREET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE STRET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE STRET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE SIREET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE SIREET ADDRESS 1343 HWY A1A SATELLITE BEACH, FL 32937 ITTLE SIMMONS, BOB STREET ADDRESS 1343 HWY A1A-4A	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									
10.	SIGNATURE.		d title if applicable.	(NOTE: Registered Agen	nt si gnature	required when reinstating)	DATE			
TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOLE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOL STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE TITLE SCHOOL STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOL STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOL STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOL STREET ADDRESS STREET A						\$5.00 May Be Added to Fees				
MAME FRITZ, ROBERT C 1343 HWY A1A SATELLITE BEACH, FL 32937 U00000804300 U0000804300 U00000804300	10.	OFFICERS AND D	IRECTORS							
MARSZALEK, J. STREET ADDRESS CITY-ST-ZIP NAME TIME STREET ADDRESS CITY-ST-ZIP NAME CRAIG, ROBERT STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE SCHOOL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE NAME STREET ADDRESS TIMES ADDRESS STREET ADDRESS STREE	NAME STREET ADDRESS	FRITZ, ROBERT C 1343 HWY A1A								
NAME STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP STREET ADDRESS TIMKO, BRUCE 1343 HWY A1A SATELLITE BEACH, FL 32937 DO NOT WRITE IN THIS SPACE	NAME STREET ADDRESS	MARSZALEK, J. 1343 N A1A 6-B				·	000000804908 02/05/08-80086-022 61.25			
NAME CRAIG, ROBERT STREET ADDRESS 1343 HWY A1A-1A CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE T NAME SIMMONS, BOB STREET ADDRESS 1343 HWY A1A-4A	NAME STREET ADDRESS	TIMKO, BRUCE 1343 HWY A1A				DO	NOT WRITE			
NAME SIMMONS, BOB STREET ADDRESS 1343 HWY A1A-4A	NAME STREET ADDRESS	CRAIG, ROBERT 1343 HWY A1A-1A				IN	THIS SPACE			
SATELLITE BEACH, FL 32937	NAME	SIMMONS, BOB			_	; 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 stream have the carried and effect on it contained in the contained on this report or supplemental report is true and accurate and that my stream have the carried and effect on it contained in the contained in the contained on this report of supplemental report is true and accurate and that my stream have the carried and fine that the information indicated on this report of supplemental report is true and accurate and that my stream have the carried and the contained in the	NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with the	nis filing does not g	ualify for the exemption	ons con	ained in Chapter 11	Provide Statutes I further certify that the information			

of the corporation or the receiver or trustee amount 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.