FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 728819

1. Corporation Name

(4)

PLAYA DEL MAR ASSOCIATION, INC.

PLATA DEL IVIAN ASSOCIATION, INC.												
Principal Place of Business		Mailing Address					I HUDIII BUUID HUUU AKIRI HUIGE		OFFICE OFFICE OFFICE	I I BI I BI BI I I I I I I I I I I I I		
3900 GALT OCEAN DR. FT. LAUDERDALE FL 33308			3900 GALT OCEAN DR. FT. LAUDERDALE FL 33308									
								3. Date Incorporated or Qualifie 02/13/1974	ed 3a .	Date of Last 03/21/19	Report 195	
2. Principal Pla	ace of Business	2a. 26	Mailing Address					4. FEI Number 59-1596334		-	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				F. O. FF 1 - 1 O. J D J J.			Additional		
22			27				5. Certificate of Status Desired		Fee f	Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution	9 🗆		May Be		
Zιρ	Country		Zıp	⊢	untry			8. This corporation has liability		e tax under s.		
24	9. Name and Address of Curre	29 ent Regist	ered Agent	30	r	· · · · · · · · · · · · · · · · · · ·	1	Florida Statutes 10. Name and Address of Ne	Yes Ves	31		
	5. Italia and Fideress of Oditi	ork negrot	orea Agent	<u> </u>	81	Name		10. Name and Addition of the	n mogrator	ou ngom		
ANGEL,					82	Stroot	Addraes	s (P.O. Box Number is Not Accep	ntable)			
3900 GALT OCEAN DR						OH BOLZ	Addi (a)	Ciress (r. O. Dox Number is Not Acceptable)				
FT LAUD	ERDALE FL 33308				83							
					84	City			F	85 Zip	Code	
or register	to the provisions of Sections 617.056 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	rida. Such	change was authorize	ted by the	corpo	amed co pration's	orporation board o	on submits this statement for the of directors. I hereby accept the	purpose of	changing its re	egistered office agent. I am	
SIGNATURE	an, and doopt are conganous or, co	00	occo, monac etatator	<i>.</i>								
	Signature, typed or printed name of registered ag-			DTE: Registered	d Ag ent	signature re	required wh		DATE		00 11 10	
12.	OFFICERS A	NO DIREC	DELETE	13. 1.1 T	ITLE			ADDITIONS/CHANGES TO	JEFICERS F	Change	RS IN 12	
NAME	DIETZ, HERBERT				IAME		T STI	ELLA, JOSEPH		L.J onlings	A readon	
STREET ADDRESS	3900 GALT OCEAN DR					ADDRESS	1	00 GALT OCEAN DR.				
CITY - ST - ZIP		308		1.4 €	ary-\$1	· ZIP	FT.	. LAUDERDALE, FL	33308	,		
THILE	VPD		DEFELE	21 T	ITLE					☐ Change	Addition	
NAME	PAVONE, GAETANO,			2 2 N	AME							
STREET ADDRESS	3900 GALT OCEAN DR FT LAUDERDALE FL 333	308				ADDRESS						
CITY-S1-7IP	PD		DELETE	2 4 I	DITY-S ITLE	T - ZIP	 			☐ Change	☐ Addition	
NAME	ANGEL, MAX,				IAME					onengo		
STREET ADDRESS	3900 GALT OCEAN DR					ADDRESS						
CITY+ST+ZIP	FT LAUDERDALE FL 33:	308		34.0	CITY-S	I - ZiP						
TITLE	0055484000 44450		Z DELETE	4 1 T	ITLE		D			🔀 Change	Addition Addition	
NAME	Greenwood, James 3900 Galt Ocean Drive				NAME		1	EENWOOD, JAMES				
STREET ADDRESS		200				ADDRESS	1 .	00 GALT OCEAN DR				
CITY-ST-ZIP	D D	308	DELETE		ITY-S	r-ZIP	FT	. LAUDERDALE, FL	33308	Change	Addition	
TITLE NAME	LODWICK, GWILYM S DR.			51T	IAME					□ curands	M voortigis	
STREET ADDRESS	3900 GALT OCEAN DR					ADDRESS						
CITY-ST-ZIP		308			ITY-SI							
TITLE	D		DELETE	611		Er.				Change	Addition	
NAME	PERESS, MIKE				IAME		1					
STREET ADDRESS	3900 GALT OCEAN DR			635	TREET	ADDRESS	-					
CITY-ST-ZIP	FT LAUDERDALE FL 333				ITY - S		<u> </u>					
1/1 Lolo bereb	w cortify that the information evention	diwith this :	filipa je voluptacily fuzi	nichod and	done	not our	altitor t	the averantian etated in Section	110 07/2010	Elorido Statut	on I further	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 133° changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (3-5)561-0990
Date Date Prone

CR2E037 (12/95)