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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728819

1. Corporation Name

PLAYA DEL MAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3900 GALT OCEAN DR. FT. LAUDERDALE FL 33308	3900 GALT OCEAN DR. FT. LAUDERDALE FL 33308

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/13/1974	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1596334	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ANGEL, MAX,
3900 GALT OCEAN DR
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LEVINE, STEPHEN A		1.2 NAME	ANGLE, LARRY	
STREET ADDRESS	3900 GALT OCEAN DRIVE		1.3 STREET ADDRESS	3900 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAVONE, GAETANO,		2.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANGEL, MAX,		3.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENWOOD, JAMES		4.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LODWICK, GWILYM S DR.		5.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIETZ, HERBERT		6.2 NAME		
STREET ADDRESS	39000 GALT OCEAN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TREAS. 3/12/99 (954) 561 0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #