2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90007 022 ****61.25

DOCUMENT # 728819

1. Entity 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

MOORE CR2E037 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1596334 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR, PA
5581 W. OAKLAND PARK BOULEVARD
SECOND FLOOR
FORT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name: Becker + Poliakoff PA
Street Address (P.O. Box Number is Not Acceptable): 121 Alhambra Plaza
10th floor
City: Coral Gables FL Zip Code: 33134

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: Mark A. Della Camara for Becker & Poliakoff PA 8/3/04
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 8, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERN, MARK 3900 GALT OCEAN DR. APT. 1401 FORT LAUDERDALE FL 33308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S ERNEST, JOE 3900 GALT OCEAN DR APT 602 FORT LAUDERDALE, FL 33308 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EFFRON, JOSH 3900 GALT OCAEN DR. APT 915 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EFFRON, JOSH 3900 GALT OCEAN DR. APT. 915 FORT LAUDERDALE, FL 33308 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRESSER, RON 3900 GALT OCEAN DR. #1901 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRESSER, RON 3900 GALT OCEAN DR #1901 FORT LAUDERDALE, FL 33308 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FANNIN, LUCILLE 3900 GALT OCEAN DR. APT 1601 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FANNIN, LUCILLE 3900 GALT OCEAN DR APT 1601 FORT LAUDERDALE FL 33308 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOLST, BETTY 3900 GALT OCEAN DR. APT 705 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOLST, BETTY 3900 GALT OCEAN DR APT 705 FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANCUSO, BARBARA 3900 GALT OCEAN DR. #2304 FORT LAUDERDALE FL 33308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NAPOLITANO, ED 3900 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 ☑ Change ☐ Addition

12. 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 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: Lucille F. Fannin July 26, 2004 (954) 563-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #