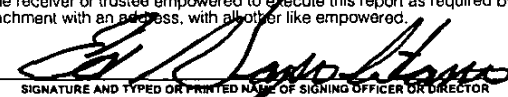


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 008 ****61.25

DOCUMENT # 728819 1. Entity Name PLAYA DEL MAR ASSOCIATION, INC.					
Principal Place of Business 3900 GALT OCEAN DR. FT. LAUDERDALE, FL 33308			Mailing Address 3900 GALT OCEAN DR. FT. LAUDERDALE, FL 33308		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAOFF PLA 121 ALHAMBRA PLAZA 10 TH FLOOR CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NAPOLITANO, ED		NAME		
STREET ADDRESS	3900 GALT OCEAN DR APT 1602		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ERNEST, JOE		NAME		
STREET ADDRESS	3900 GALT OCEAN DR APT 602		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HICKMAN, MICHAEL		NAME	SECRETARY (SD)	
STREET ADDRESS	3900 GALT OCEAN DR APT 1816		STREET ADDRESS	HICKMAN, MICHAEL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	3900 GALT OCEAN DR APT 1816	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FANNIN, LUCILLE		NAME		
STREET ADDRESS	3900 GALT OCEAN DR APT 1601		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHOLST, BETTY		NAME		
STREET ADDRESS	3900 GALT OCEAN DR APT 705		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRESSER, RON		NAME		
STREET ADDRESS	3900 GALT OCEAN DR APT 1901		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		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 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: 			2/8/06 (954) 328-0041		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		