

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90025 018 \*\*\*\*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**

**40043409**



**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP

CR2E037 (4/06)

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**

**RANDALL K. ROGER & ASSOCIATES, P.A.  
621 NW 53RD ST., STE. 300  
BOCA RATON, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                                    |
|----------------|----------------------------------------------------|
| TITLE          | P                                                  |
| NAME           | BOFFA, ROBERT                                      |
| STREET ADDRESS | 3900 GALT OCEAN DRIVE #218                         |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308                          |
| TITLE          | <del>D</del> <b>NESBITT, FREDERICK</b>             |
| NAME           | STERN, MARK                                        |
| STREET ADDRESS | 3900 GALT OCEAN DRIVE <del>#118</del> <b>215</b>   |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308                          |
| TITLE          | <del>VICE PRESIDENT</del>                          |
| NAME           | LECHT, DAN                                         |
| STREET ADDRESS | 3900 GALT OCEAN DRIVE #907                         |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308                          |
| TITLE          | <del>S</del> <b>Gamborg, Annette</b>               |
| NAME           | <del>MARSALEMA, MICHAEL</del>                      |
| STREET ADDRESS | 3900 GALT OCEAN DRIVE <del>#2012</del> <b>802</b>  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308                          |
| TITLE          | <del>D</del> <b>KERVIN, CAROLYN</b>                |
| NAME           | <del>DEMONIA, KENT</del>                           |
| STREET ADDRESS | 3900 GALT OCEAN DRIVE <del>#1400</del> <b>2604</b> |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33308                          |
| TITLE          | <del>D</del>                                       |
| NAME           | <del>ANTONIOLO, GRACE</del>                        |
| STREET ADDRESS | <del>3900 GALT OCEAN DRIVE #208</del>              |
| CITY-ST-ZIP    | <del>FORT LAUDERDALE, FL 33308</del>               |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/08**

**954-563-0921**

Date

Daytime Phone #