AMENDED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 24 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900015766789
04/11/03--01076--007 **61.25

DOCUMENT # 728819

1. Entity Name
PLAYA DEL MAR ASSOCIATION, INC.

☐ CHECK HERE IF MAKING CHANGES

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	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
5581 W. OAKLAND PARK BOULEVARD
SECOND FLOOR
FORT LAUDERDALE, FL 33313

7. Name and Address of New Registered Agent

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 _____ Ferren L. Korr 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	Josh Effron VP 3900 Galt Ocean Dr apt 915 Fort Lauderdale, FL 33308 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENSON, SHIRLEY 3900 GALT OCAEN DR. #2705 FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lucille Fannin S 3900 Galt Ocean Dr, apt 1601 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	Betty Choist-Director 3900 Galt ocean Dr apt 705 Fort Lauderdale, FL 33308 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BURTOFF, SHIRLEY 3900 GALT OCEAN DR. #1117 FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marilyn Somach T 3900 Galt ocean Dr apt 2403 Fort Lauderdale, FL 33308 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LODWICK, GWILYM S DR. 3900 GALT OCEAN DR. #307 FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	TS ☐ Change ☐ Addition

CR2E037 (10/02)

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: BARBARA J MANCUSO, PRESIDENT
Barbara J Mancuso, President 3-12-03 954-561-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #