

UNENDED

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

FILED

03 MAR 24 AM 9:20

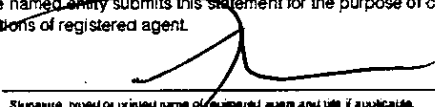
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900015766789

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



☐ CHECK HERE IF MAKING CHANGES

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	
		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KATZMAN, KORR 5581 W. OAKLAND PARK BOULEVARD SECOND FLOOR FORT LAUDERDALE, FL 33313		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 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 3400 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 Fanning S 3400 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	
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	
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 3-12-03 954-561-0990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	