2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90040 018 ****70.00

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DOCUMENT # 731426

1. Entity Name
PLACIDO MAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 N FLAGLER DRIVE WEST PALM BEACH, FL 33407 US	5200 N FLAGLER DRIVE WEST PALM BEACH, FL 33407 US

01142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1566683 ☐ 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
DURHAM, OLGA LCAM 5200 N FLAGLER DR., OFFICE W PALM BCH, FL 33407	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, 2008

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	T BESHARA, RONALD 5200 N. FLAGLER DR. #1404 W PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P George Greene 5200 N Flagler DR #2606 W.P.B. FL 33407 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARREN, NASSRIN 5200 N FLAGLER DR #2106 WEST PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T James Harris 5200 North Flagler DR #1105 W.P.B. FL 33407 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANDERS, ANEDA 5200 N. FLAGLER DR., #703 WEST PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John DAHL 5200 N. Flagler DR #2405 W.P.B FL 33407 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEWMAN, MICHAEL 5200 N. FLAGLER DR., #906 WEST PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Fethy 5200 N Flagler Dr #304 W.P.B. FL 33407 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POTTER, DAVID 5200 N. FLAGLER DR., #2002 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL Peterson 5200 North Flagler DR #1701 W.P.B FL 33407 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OGLE, SUSAN 5200 N. FLAGLER DR., #1503 W PALM BCH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1/29/08 561-842-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #