2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2012
Secretary of State

DOCUMENT# 741564

Entity Name: PLAYA ESCONDIDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BOULEVARD
SUITE 203
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

970 LAKE CARILLON DR
SUITE 102
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-1938870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PBM
970 LAKE CARILLON DR
102
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: BERMEISTER, HENRY
Address: 5901 SUN BLVD 203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VPD
Name: HARMON, TOM
Address: 5901 SUN BLVD #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D
Name: LAMPARELLI, VINNIE
Address: 5901 SUN BLVD., #203
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D
Name: SQUIRE, MARK
Address: 5901 SUN BLVD #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: PD
Name: EDWARDS, CHARLES
Address: 5901 SUN BLVD #203
City-St-Zip: ST PETERSBURG, FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WCN RA 01/18/2012

Electronic Signature of Signing Officer or Director — Date