

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2008
Secretary of State**

DOCUMENT# 746098

Entity Name: PLAYA ENCANTADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6005 GULF DR
HOLMES BEACH, FL 342171679

New Principal Place of Business:

Current Mailing Address:

6005 GULF DR
HOLMES BEACH, FL 342171679

New Mailing Address:

FEI Number: 59-2058818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, CURTIS, D, ESQ
HARLLEE, PORGES, HAMLIN & HAMRICK PA
1205 MANATEE AVE W
BRADENTON, FL 34205 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: PD () Delete
Name: COMPARETTO, FRANK
Address: 2129 BENFORD AVE
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: WEISS, DONALD
Address: 7495 HICKORYWOOD DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: D () Delete
Name: MENELEY, MAHLON
Address: 6006 GULF DR UNIT 113
City-St-Zip: HOLMES BEACH, FL 34217

Title: D () Delete
Name: HUNTINGTON, JON
Address: 7281 PLEASANT ST
City-St-Zip: LOUDEN, NH 03301

Title: VD () Delete
Name: HEDGES, SHELDON
Address: 5867 BIRCH DR
City-St-Zip: BARRYTON, MI 49305

Title: T () Delete
Name: MENELEY, SANDY
Address: 6006 GULF DR UNIT 113
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MENELEY, SANDY
Address: 6006 GULF DR UNIT 113
City-St-Zip: HOLMES BEACH, FL 34217 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARK POOLE

MGR

02/05/2008

Electronic Signature of Signing Officer or Director

Date