

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 049 ****61.25

DOCUMENT # 755467

1. Entity Name
LA PLAYITA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3801 4TH AVE.
HOLMES BEACH, FL 34217**

Mailing Address
**PO BOX 1607
HOLMES BEACH, FL 34218-1607 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State
Zip Country

4. FEI Number
59-2471910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONDON, THOMAS E.
1007 83RD ST NW
BRADENTON, FL 34209**

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 _____
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	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SACKSTEIN, HAROLD			NAME			
STREET ADDRESS	5360 SW 87TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COFFTA, CARMELLA M			NAME			
STREET ADDRESS	159 JACKSON ST			STREET ADDRESS			
CITY-ST-ZIP	BATAVIA, NY 14020			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SECUA, RICHARD			NAME			
STREET ADDRESS	8802 THORNTREE DR			STREET ADDRESS			
CITY-ST-ZIP	GROSSE ILE, MI 48138			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONDON, TOM			NAME			
STREET ADDRESS	6400 MANATEE AVE W STE G			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Thomas E. Condon* *My Agent* *4/24/08* *(941) 779 2223*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #