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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767268					
1. Corporation Name PLAYA LAGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13350 SW 17 LANE MIAMI FL 33175			Mailing Address 305 ALCAZAR AVENUE CORAL GABLES FL 33134 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/02/1983	
4. FEI Number 59-2271277		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. May Be Added to Fees \$5.00		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVENUE CORAL GABLES FL 33134				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAENZ, ARTURO	1.1 TITLE	PD SAENZ, ARTURO
NAME	13311 S.W. 17 LANE #6	1.2 NAME	13311 S.W. 17 LN #6
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPO PEREZ, OSCAR	2.1 TITLE	VPO
NAME	13281 S.W. 17 LANE #5	2.2 NAME	JUAN ZAPATA
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	13340 SW 17 LN #8
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL
TITLE	TD RAMIREZ, REYNALDO	3.1 TITLE	TD
NAME	13360 S.W. 17 LANE #1	3.2 NAME	Esther HERNANDEZ
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	13251 SW 17 LN #1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	SD ZALDIVAR, RICARDO	4.1 TITLE	SD
NAME	13281 S.W. 17 LANE #4	4.2 NAME	Raul Rojas
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	13291 SW 17 LN #3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL
TITLE	D ALMODOVAR, IBRAHIM	5.1 TITLE	D
NAME	13300 S.W. 17 LANE	5.2 NAME	ANTONIO SARRIA
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	13351 SW 17 LN #4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date Daytime Phone #

CR2E037 (1/98)