2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 767268

Entity Name: PLAYA LAGO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13350 SW 17 LANE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13350 SW 17 LANE
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 59-2271277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESTIGE ASSOCIATION CONSULTANTS, INC.
13831 SW 59 ST. #106
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

CUEVAS & ORTIZ, PA
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

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: ANDREW CUEVAS 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESCARIZ, CARLOS
Address: 13350 SW 17 LANE
City-St-Zip: MIAMI, FL 33175

Title: V (X) Delete
Name: HERNANDEZ, GEORGE
Address: 13350 SW 17 LANE
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete
Name: SAENZ, PEDRO
Address: 13350 SW 17 LANE
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete
Name: GALDO, CARIDAD
Address: 13350 SW 17 LANE
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: FIGUEROA, ARNALDO
Address: 13350 SW LANE
City-St-Zip: MIAMI, FL 33175

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: VP/S (X) Change ( ) Addition
Name: GALDO, CARIDAD
Address: 13350 SW 17 LANE
City-St-Zip: MIAMI, FL 33175

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

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: CARLOS ESCARIZ PRES 04/21/2009
Electronic Signature of Signing Officer or Director Date