2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90066 022 ****61.25

DOCUMENT # N03000007435

1. Entity Name
FLORES DE LA PLAYA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
245 HWY A1A SATELLITE BEACH, FL 32937	245 HWY A1A SATELLITE BEACH, FL 32937

01262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0224449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGEL, JOHN E FLORES DE LA PLAYA CONDO 245 HWY A1A SATELLITE BEACH, FL 32937	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRELL, JACK 2095 HWY A1A #4702 INDIAN HARBOR BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARAN, TERRY 245 HWY A1A #501 SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLLIDAY, JERRY 245 HWY A1A #203 SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KAMIL, MAGDI 3478 CAPPIO DRIVE MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRAINA, PAT 245 HWY A1A #201 SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ENGEL, JOHN 245 HWY A1A #601 SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARAN, TERRY 245 HWY A1A #501 SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOLLIDAY, PATRICIA 245 HWY-A1A #203 SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John E Engel JOHN E ENGEL 2/8/08 321-777-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #