


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91035 013 ****61.25

DOCUMENT # N10887 1. Entity Name LA PLAYA DE VARADERO II MOTEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160		Mailing Address 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CONDE, EDDY T 15901 COLLINS AVE SUNNY ISLES BEACH FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD CONDE, EDDY T 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP VALDES, IDA 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE TREASURER E/BA Valle 15901 Collins Ave # 314 Sunny Isles Bch FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUESTA, JORGE 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, VIRGINIA 15901 COLLINS AVE. SUNNY ISLES BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JORGE E Salmon 15901 Collins Ave Sunny Isles Bch FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, MANUEL 15901 COLLINS AVE SUNNY ISLES BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOE SILVER 18001 Collins Ave 31st Floor Sunny Isles Bch FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E037 (11/03)

4. FEI Number 59-2618445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

12. 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 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: Jorge Cuesta 4-29-04 (305) 947-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #