


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90129 035 \*\*\*\*61.25

<b>DOCUMENT # N16617</b> 1. Entity Name <b>LA PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>17749 COLLINS AVE SUNNY ISLES, FL 33160</b>			Mailing Address <b>18140 COLLINS AVENUE SUNNY ISLES, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2719514</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LILLYCROP, WILLIAM J</b> <b>18140 COLLINS AVENUE 17780 Collins Ave 2 Floor</b> <b>SUNNY ISLES BEACH, FL 33160</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 <u><i>William J Lillycrop</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/16/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENN, PETER		NAME	Lillycrop, William J	
STREET ADDRESS	18140 COLLINS AVE.		STREET ADDRESS	17780 Collins Ave, 2nd Floor	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ALEX		NAME	Paniagua, Federico	
STREET ADDRESS	17749 COLLINS AVE., #507		STREET ADDRESS	17780 Collins Ave, 2nd Floor	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLYCROP, WILLIAM J		NAME	Henn, Peter	
STREET ADDRESS	18140 COLLINS AVE.		STREET ADDRESS	17780 Collins Ave, 2nd Floor	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANIAGUA, FEDERICO		NAME	Goldstien, Michael	
STREET ADDRESS	18140 COLLINS AVENUE		STREET ADDRESS	17780 Collins Ave, 2nd Floor	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	ALBA, ROBERTA		NAME		
STREET ADDRESS	18140 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		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: <u><i>William J Lillycrop</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/16/08</u> DAYTIME PHONE # <u>305 933-8301</u>		

President