FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22229 (1)

1. Corporate Name

LA PLAYA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2629 W GULF DR. P.O. BOX 694 SANIBEL FL 33957	PO BOX 100 SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0018549 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

JAMBECK, NICK
1630 PERIWINKLE WAY
SUITE G
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: Nick Jambeck
82 Street Address (P.O. Box Number is Not Acceptable): 1633 Periwinkle Way
83: Suite G
84 City: Sanibel FL 85 Zip Code: 33957

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
Signature of Current Registered Agent (Required) — (NOTE: Registered Agent signature required when mandated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, CLIFF	12 NAME	
STREET ADDRESS	10192 N 103RD ST	13 STREET ADDRESS	
CITY ST ZIP	SCOTTSDALE AZ	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	DOSHIER, SUSAN	22 NAME	
STREET ADDRESS	28 EL JAYS LANE	23 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DE AZEVEDO, LIDIA	32 NAME	
STREET ADDRESS	19 OLD QUARRY ROAD	33 STREET ADDRESS	
CITY ST ZIP	WOODBRIDGE CT	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	GOLDKLANG, LORI	42 NAME	
STREET ADDRESS	855 OVERHILL CT.	43 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lidia DeAzevedo 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date

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