

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22229

1. Entity Name

LA PLAYA CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90434 047 ****61.25

Principal Place of Business 2629 W GULF DR. P.O. BOX 694 SANIBEL FL 33957	Mailing Address PO BOX 100 SANIBEL FL 33957-0100 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0018549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NAMBECK, NICK
 1633 PERIWINKLE WAY
 SUITE G
 SANIBEL FL 33957

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, CLIFF 10192 N 103RD ST SCOTTSDALE AZ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Gilhoolay 2629 W. Gulf Dr. #1B Sanibel, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOSHER, SUSAN 28 EL JAYS LANE STAMFORD CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Deva Avery 45 Ladds Way Scituate, MA 02061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE AZEVEDO, LIDIA 19 OLD QUARRY ROAD WOODBIDGE CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD LARRY LIPMAN 13101 Ponderosa Way Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDKLANG, LORI 855 OVERHILL CT. ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Thomas Gilhoolay 4/13/00 941 472 3001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)