2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N22229

Entity Name: LA PLAYA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2629 W GULF DR.
P.O. BOX 694
SANIBEL, FL 33957

New Principal Place of Business:

ISLAND MANAGEMENT
711 TARPON BAY RD
SANIBEL, FL 33957

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0018549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKESY, STEVE
711 TARPON BAY RD
SUITE D
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVE
711 TARPON BAY RD
SANIBEL, FL 33957 US

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: _____ 04/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILHOOLEY, TOM
Address: 2629 W GULF D #1B
City-St-Zip: SANIBEL, FL 33957

Title: SD ( ) Delete
Name: DE AZEVEDO, LIDIA,
Address: 19 OLD QUARRY ROAD
City-St-Zip: WOODBRIDGE, CT

Title: D ( ) Delete
Name: LIPMAN, LARRY
Address: PMB 406 8951 BONITA BEACH RD STE 525
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: DEAZEVEDO, LIDIA
Address: 19 OLD QUARRY ROAD
City-St-Zip: WOODBRIDGE, CT 06525

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GILHOOLEY PD 04/03/2009
Electronic Signature of Signing Officer or Director — Date