

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000198

FILED
Feb 06, 2006
Secretary of State

Entity Name: LA PLAYA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6009 LAPLAYA
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

6009 LAPLAYA
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3457283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, THERESA
601 DEL SOL COURT
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WEISS, MARK D.
Address: 611 DEL SOL COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: WALKER, RYAN
Address: 602 DEL SOL COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: FORD, THERESA
Address: 601 DEL SOL COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: MARTINEZ, MICHAEL J
Address: 6009 LA PLAYA CT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BURTON, GREG
Address: 6011 DEL SOL COURT
City-St-Zip: SAFETY HARBOR, FL 34695

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. MARTINEZ

TD

02/06/2006

Electronic Signature of Signing Officer or Director

Date