2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000198

FILED Jan 23, 2008 Secretary of State

Entity Name: LA PLAYA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6009 LAPLAYA

SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

6009 LAPLAYA

SAFETY HARBOR, FL 34695

FEI Number: 59-3457283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORD, THERESA BURTON, GREG

601 DÉL SOL COURT 6011 LA PLAYA COURT

SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: GREG BURTON 01/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: BURTON, GREG Name: FORD, THERESA

Name:BURTON, GREGName:FORD, THERESAAddress:6011 DEL SOL COURTAddress:601 DEL SOL COURTCity-St-Zip:SAFETY HARBOR, FL 34695City-St-Zip:SAFETY HARBOR, FL 34695

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 WALKER, RYAN
 Name:
 SLAYBAUGH, SUSAN

 Address:
 602 DEL SOL COURT
 Address:
 611 DEL SOL COURT

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 FORD, THERESA
 Name:
 BURTON, GREG

 Address:
 601 DEL SOL COURT
 Address:
 6011 LA PLAYA COURT

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: TD () Delete Title: () Change () Addition

 Name:
 MARTINEZ, MICHAEL J
 Name:

 Address:
 6009 LA PLAYA CT
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 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: MICHAEL J. MARTINEZ TD 01/23/2008