

5-15-97 B-7299 -C
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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077731 (3)

1. Corporation Name

CASA PLAYA MANAGEMENT COMPANY, INC.

Principal Place of Business

2424 NORTH FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431

Mailing Address

2424 NORTH FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431-7746

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 900 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

22 SUITE 460

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 SAME

City & State

28

Zip

29

Country

30

4. FEI Number

65-071274

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2801 S. BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D POLSELLI, REMO
STREET ADDRESS 2424 N FEDERAL HWY, STE 455
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME D ROTHENBERG, LARRY A
STREET ADDRESS 2424 N FEDERAL HWY, STE 455
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME D ROTHENBERG, MARK D
STREET ADDRESS 2424 N FEDERAL HWY, STE 455
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 900 N. FEDERAL HIGHWAY, SUITE 460
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 900 N. FEDERAL HIGHWAY, SUITE 460
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 900 N. FEDERAL HIGHWAY, SUITE 460
3.4 CITY-ST-ZIP BOCA RATON, FL 33432

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)