

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707934 (6)
 1. Corporation Name
CAY POLYNESIA APARTMENT ASSOCIATION, INC. A COND OMINIUM

Principal Place of Business		Mailing Address	
923 CRANDON BLVD SUITE 219 KEY BISCAIYNE FL 33149		% CPM CORPORATION 170 OCEAN LANE DR KEY BISCAIYNE FL 33149 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

3. Date Incorporated or Qualified
10/09/1964

4. FEI Number
59-1097058

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent

**C P M CORPORATION
170 OCEAN LANE DR
KEY BISCAIYNE 33149**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESER, GEORGE	1.2 NAME	
STREET ADDRESS	255 SUNRISE DR #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINZY, ANTHONY	2.2 NAME	
STREET ADDRESS	255 SUNRISE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHBURN, CORINNA	3.2 NAME	Mark Bushnell
STREET ADDRESS	255 SUNRISE DR #204	3.3 STREET ADDRESS	434 Lonetto Ave.
CITY-ST-ZIP	KEY BISCAIYNE FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VANE, MAGDA	4.2 NAME	
STREET ADDRESS	255 SUNRISE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, LIANE	5.2 NAME	Alex Baxendale
STREET ADDRESS	255 SUNRISE DRIVE	5.3 STREET ADDRESS	255 sunrise Dr. #310
CITY-ST-ZIP	KEY BISCAIYNE FL	5.4 CITY-ST-ZIP	Key Biscayne, FL 33149
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14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: *Mark Bushnell*

CR2E037 (10/97)