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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90052 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707934

1. Corporation Name
CAY POLYNESIA APARTMENT ASSOCIATION, INC. A COND OMINIUM

Principal Place of Business 923 CRANDON BLVD SUITE 219 KEY BISCAZYNE FL 33149	Mailing Address % CPM CORPORATION 170 OCEAN LANE DR KEY BISCAZYNE FL 33149 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1097058
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

C P M CORPORATION
170 OCEAN LANE DR
KEY BISCAZYNE 33149

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESER, GEORGE	
STREET ADDRESS	255 SUNRISE DR #106	
CITY-ST-ZIP	KEY BISCAZYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRINZY, ANTHONY	
STREET ADDRESS	255 SUNRISE DRIVE	
CITY-ST-ZIP	KEY BISCAZYNE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUSHNELL, MARK	
STREET ADDRESS	434 LORETTO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEL VAHE, MAGDA	
STREET ADDRESS	255 SUNRISE DR.	
CITY-ST-ZIP	KEY BISCAZYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAXENDALE, ALEX	
STREET ADDRESS	255 SUNRISE DRIVE #310	
CITY-ST-ZIP	KEY BISCAZYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAY OSMAN
3.3 STREET ADDRESS	255 SUNRISE DRIVE #207
3.4 CITY-ST-ZIP	KEY BISCAZYNE, FL. 33149
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *George J Leser 3-08-99 305-369660*

CR2E037 (11/98)