

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90019 004 ****61.25

DOCUMENT # 707934

1. Entity Name

CAY POLYNESIA APARTMENT ASSOCIATION, INC. A COND

Principal Place of Business

Mailing Address

923 CRANDON BLVD
 SUITE 219
 KEY BISCAYNE FL 33149

% CPM CORPORATION
 170 OCEAN LANE DR
 KEY BISCAYNE FL 33149
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1097058

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C P M CORPORATION
170 OCEAN LANE DR
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD LESER, GEORGE**
 STREET ADDRESS **255 SUNRISE DR #106**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD PRINZY, ANTHONY**
 STREET ADDRESS **255 SUNRISE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD OSMAN, JAY**
 STREET ADDRESS **255 SUNRISE DRIVE #207**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S DEL VAHE, MAGDA**
 STREET ADDRESS **255 SUNRISE DR.**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME **TD ROBERT SILLO**
 STREET ADDRESS **255 SUNRISE DR.**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE Delete
 NAME **D BAXENDALE, ALEX**
 STREET ADDRESS **255 SUNRISE DRIVE #310**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 305-367-9222

CR2E037 (10/00)