

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2008
Secretary of State**

DOCUMENT# 707934

Entity Name: CAY POLYNESIA APARTMENT ASSOCIATION, INC. A CONDOMINIUM

Current Principal Place of Business:

255 SUNRISE DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1097058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LESER, GEORGE,
Address: 255 SUNRISE DR #106
City-St-Zip: KEY BISCAYNE, FL

Title: VPD () Delete
Name: PRINZY, ANTHONY
Address: 255 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: SD () Delete
Name: OSMAN, JAY
Address: 255 SUNRISE DRIVE #207
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: TIEDE, KORNELIA
Address: 255 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: SILCO, ROBERT
Address: 255 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SILEO, ROBERT
Address: 255 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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: GEORGE LESER

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date