2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000145

FILED Jan 17, 2005 Secretary of State

Entity Name: COZUMEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 960 CAPE MARCO DRIVE MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 960 CAPE MARCO DRIVE MARCO ISLAND, FL 34145 FEI Number: 59-3487508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRUDICH, GEORGE Name: Name: 960 CAPE MARCO DRIVE Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: Title: () Change () Addition () Delete Name: WICK, MIKE Name: Address: 960 CAPE MARCO DRIVE Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: () Delete Title: () Change () Addition GOUDIE, ALEX Name: Name: 960 CAPE MARCO DR Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: TALBOT, TOM Name: CLEARY, GERALD 960 CAPE MARCO DRIVE 960 CAPE MARCO DRIVE Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: () Delete Title: () Change () Addition REILLY, JACK Name: Name: 960 CAPE MARCO DR. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: () Delete Title: () Change () Addition SCIORTINO, TONY Name: Name: Address: 960 CAPE MARCO DR. Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WICK P 01/17/2005