FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707934 (6)

1. Corporation Name

CAY POLYNESIA APARTMENT ASSOCIATION, INC. A COND OMINIUM

Principal Place of Business
923 CRANDON BLVD
SUITE 219
KEY BISCAYNE FL 33149

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1964
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1097058 — Applied For / Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C P M CORPORATION
170 OCEAN LANE DR
KEY BISCAYNE 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LESER, GEORGE	1.2 NAME	
STREET ADDRESS	255 SUNRISE DR #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	PRINZY, ANTHONY	2.2 NAME	
STREET ADDRESS	255 SUNRISE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WASHBURN, CORINNA	3.2 NAME	
STREET ADDRESS	255 SUNRISE DR #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	~~S~~	4.1 TITLE	☒ Change ☐ Addition S
NAME	~~MESTRE, ALBERTO~~	4.2 NAME	Magda Del Valle
STREET ADDRESS	~~255 SUNRISE DRIVE~~	4.3 STREET ADDRESS	255 Sunrise Dr.
CITY-ST-ZIP	~~KEY BISCAYNE FL~~	4.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANK, LIANE	5.2 NAME	
STREET ADDRESS	255 SUNRISE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: George Leser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95
Date

663-5723
Daytime Phone #

0042860