

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90119 038 ****61.25

DOCUMENT # 707934

1. Entity Name

**CAY POLYNESIA APARTMENT ASSOCIATION, INC. A COND
OMINIUM**

Principal Place of Business

Mailing Address

**923 CRANDON BLVD
SUITE 219
KEY BISCAINE FL 33149**

**% CPM CORPORATION
170 OCEAN LANE DR
KEY BISCAINE FL 33149
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 BISCAINE 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 PD ☐ Delete
NAME LESER, GEORGE
STREET ADDRESS 255 SUNRISE DR #106
CITY-ST-ZIP KEY BISCAINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME OSMAN, JAY
STREET ADDRESS 255 SUNRISE DRIVE #207
CITY-ST-ZIP KEY BISCAINE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SILEO, ROBERT
STREET ADDRESS 255 SUNRISE DRIVE
CITY-ST-ZIP KEY BISCAINE FL 33149

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

4-24-02 305-361-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)