

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707934

FILED  
Feb 26, 2009  
Secretary of State

**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:**

% CPM CORPORATION  
1801 CORAL WAY, SUITE 305  
MIAMI, FL 33145 US

**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:**

C P M CORPORATION  
1801 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 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: \_\_\_\_\_

02/26/2009

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: SILEO, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALBERTO COHEN

AGT

02/26/2009

Electronic Signature of Signing Officer or Director

Date