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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90109 029 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000000145**

1. Corporation Name

**COZUMEL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

405 FIFTH AVE S  
 STE 6  
 NAPLES FL 33940

Mailing Address

405 FIFTH AVE S  
 STE 6  
 NAPLES FL 33940



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number  
 59-3487508

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

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J  
 405 FIFTH AVE S  
 STE 6  
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name ANTARAMIAN, JACK J

82 Street Address (P.O. Box Number is Not Acceptable)  
 365 5TH AVE S STE 201

83

84 City NAPLES

85 Zip Code FL 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME ANTARAMIAN, JACK J  
 STREET ADDRESS 405 FIFTH AVE S  
 CITY-ST-ZIP NAPLES FL 33940

TITLE STD  DELETE  
 NAME SMITH, CHARLES J  
 STREET ADDRESS 405 FIFTH AVE S  
 CITY-ST-ZIP NAPLES FL 33940

TITLE D  DELETE  
 NAME FRAZITTA, ROBERT M  
 STREET ADDRESS 246 WALNUT STREET  
 CITY-ST-ZIP NEWTONVILLE MA 02164

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 365 5TH AVE S STE 201  
 1.4 CITY-ST-ZIP NAPLES, FL 34102

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 365 5TH AVE S STE 201  
 2.4 CITY-ST-ZIP NAPLES, FL 34102

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 177 WORCESTER STREET STE 101  
 3.4 CITY-ST-ZIP WELLESLEY, MA 02481

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/99

235-3800

CR2E037 (1/98)