

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 013 ****61.25

DOCUMENT # N98000000145

1. Entity Name

COZUMEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

405 FIFTH AVE S
 STE 6
 NAPLES FL 33940

405 FIFTH AVE S
 STE 6
 NAPLES FL 34102-6515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

365 FIFTH AVE S.

365 FIFTH AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

NAPLES, FL

NAPLES, FL

4. FEI Number

59-3487508

Applied For

Not Applied

Zip

Country

Zip

Country

34102

COLLIER

34102

COLLIER

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

ANTARAMIAN, JACK J
365 5TH AVE S,
SUITE #201
NAPLES FL 34102

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	<input type="checkbox"/> Delete
NAME	ANTARAMIAN, JACK J	
STREET ADDRESS	365 5TH AVE S, STE #201	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES J	
STREET ADDRESS	365 5TH AVE S, STE #201	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZITTA, ROBERT M	
STREET ADDRESS	177 WORCESTER STREET, STE #101	
CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 lines empowered.

SIGNATURE:

SIG. Robert M. Frazitta 1/7/00 941-434-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #