

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000145

1. Entity Name

COZUMEL CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90663 031 ****61.25

0050280

Principal Place of Business

960 CAPE MARCO DRIVE
MARCO ISLAND FL 34145

Mailing Address

960 CAPE MARCO DRIVE
MARCO ISLAND FL 34145

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

59-3487508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAPLES LAWDOK, INC.
4501 TAMiami TRAIL NORTH
#300
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

TITLE P
NAME RISEN, NORMAN
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE V
NAME GARGUILO, ANTHONY
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE SAT
NAME WICK, MIKE
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE T change to D
NAME ARROYO, SYLVIA
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE D
NAME WAYLAND, JIM
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE D
NAME GOTTSEGEN, BOB
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T
NAME TOM TALBOT
STREET ADDRESS 960 CAPE MARCO DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change ☒ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)