


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90021 003 \*\*\*\*61.25

<b>DOCUMENT # N98000000145</b>							
1. Entity Name COZUMEL CONDOMINIUM ASSOCIATION, INC.							
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 <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NAPLES LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH #300 NAPLES, FL 34103			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRUDICH, GEORGE		NAME	ALEX GOUDIE			
STREET ADDRESS	960 CAPE MARCO DRIVE		STREET ADDRESS	960 CAPE MARCO DR			
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	marco Island FL 34145			
TITLE	<del>SAT</del> PRESIDENT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WICK, MIKE		NAME	JACK REILLY			
STREET ADDRESS	960 CAPE MARCO DRIVE		STREET ADDRESS	SAME			
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARROYO, SYLVIA		NAME	TONY SCIORTINO			
STREET ADDRESS	960 CAPE MARCO DRIVE		STREET ADDRESS	SAME			
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TALBOT, TOM		NAME	LARRY DE BAUGE			
STREET ADDRESS	960 CAPE MARCO DRIVE		STREET ADDRESS	SAME			
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _____			2-18-04				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				

**POSTED**



02112004 Chg-NP CR2E037 (10/03)