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COVER LETTER

SUBJECT: COZUMEL CONDOMINIUM ASSOCIATION, INC. Name of Corporation Name of Corporation N98000000145 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BECKY DILLER	TO: Amendmen Division of	t Section Corporations		
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BECKY DILLER Name of Contact Person QUARLES & BRADY LLP Firm/Company 411 E WISCONSIN AVE STE 2040 Address MILWAUKEE WI 53202 City/State and Zip Code COZUMEL@MARCOCABLE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BECKY DILLER 1	The enclosed Staten	nent of Change of Registered Offic	ce/Agent and fee are submitted for filing.	
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Tallahassee, FL 32301		i ananassee, FL 32314		

CR2E045 (8/05) QB\15391925.1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA ler to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: COZUMEL CONDOMINIUM ASSOCIATION, INC.
2. The principal	I office address: 960 CAPE MARCO DRIVE
	MARCO ISLAND FL 34145
3. The mailing a	address (if different); SAME
4. Date of incorp	rporation/qualification: 01/12/1998 Document number: N9800000145
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	NAPLES-LAWDOCK, INC.
	1395 PANTHER LANE, SUITE 300
	NAPLES FL 34109
6. The name and (if changed):	NAPLES FL 34109 d street address of the new registered agent (if changed) and /or registered office
	ROBERT NEAD TO THE TOTAL TOTAL TO THE TOTAL
	960 CAPE MARCO DRIVE
	P O. Box NOT acceptable MARCO ISLAND FL 34145
_	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	MIKE WICK, PRESIDENT Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	2 - 20 - 20 // gnature of Registered Agent ROBERT NEAD Date
	TOBERT NEAD
it signing on be	chalf of an entity:
Ty	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *