

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90230 042 ****61.25

UD4590

DOCUMENT # N98000000145

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RISEN, NORMAN	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARGUILO, ANTHONY	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	SAT	<input type="checkbox"/> Delete
NAME	WICK, MIKE	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARROYO, SYLVIA	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAYLAND, JIM	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	T	<input type="checkbox"/> Delete
NAME	TALBOT, TOM	
STREET ADDRESS	960 CAPE MARCO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE GRUOICH	
STREET ADDRESS	960 CAPE MARCO DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Manuel* 3/20/03 3854414

CR2E037 (10/02)