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FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073554 (3)

1. Corporation Name

CAYO HUESO VILLAS, INC.

Principal Place of Business

1009 WINDSOR LANE
KEY WEST FL 33040

Mailing Address

1009 WINDSOR LANE
KEY WEST FL 33040-3269

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DELAURIER, EDWARD
1009 WINDSOR LANE
KEY WEST FL 33040

3. Date Incorporated or Qualified

09/05/1996

3a. Date of Last Report

4. FEI Number

65-0714126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DELAURIER, EDWARD
STREET ADDRESS 1009 WINDSOR LANE
CITY-ST-ZIP KEY WEST FL 33040

TITLE D
NAME NOTTINGHAM, LINDA S
STREET ADDRESS 1009 WINDSOR LANE
CITY-ST-ZIP KEY WEST FL 33040

TITLE ~~VICE PRESIDENT~~
NAME ~~JAMIE M. PENNAVIDES~~
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, Treasurer ☒ Change ☐ Addition

2.1 TITLE SECRETARY ☒ Change ☐ Addition

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME JAMIE M. PENNAVIDES
3.3 STREET ADDRESS 1205 CALAIS LANE
3.4 CITY-ST-ZIP KEY WEST FL 33040

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature]

CR2E034 (9/96)