

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 030 ****61.25

DOCUMENT # 765101 1. Entity Name CABANA CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1582 GULF BLVD OFFICE CLEARWATER, FL 33767 US	Mailing Address 1582 GULF BLVD OFFICE CLEARWATER, FL 33767 US
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50054013



06202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2186289	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WISEMILLER, RICHARD T 1582 GULF BLVD #1206 CLEARWATER, FL 33767
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WISEMILLER, RICHARD T 1582 GULF BLVD #1206 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, JIM 1582 GULF BLVD #1208 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLER, ROSEMARY 1582 GULF BLVD, #1507 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZIEGLER, FRED 1582 GULF BLVD, #1803 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SIMONELLI, FRANK 1582 GULF BLVD #1508 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT ALLARD, BILL 1582 GULF BLVD #1301 CLEARWATER, FL 33767

**DO NOT WRITE
IN THIS SPACE**

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: Frederick I Ziegler 6/24/05 727-526-5031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date _____ Daytime Phone # _____