

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# N01000004060

Entity Name: CLUB CABANA AT PENSACOLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14508 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34125
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3733208 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REEDER, H. WESLEY
30 SOUTH SPRING STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, GEOFFREY
Address: 53 BELLEGROVE DRIVE
City-St-Zip: DESTREHAN, LA 70047

Title: SD () Delete
Name: DIAZ-VERSON, PAT
Address: 3 MOUNTAINBROOK COURT
City-St-Zip: COLUMBUS, GA 31904

Title: TD () Delete
Name: SLOCUM, FRED
Address: 17131 PERDIDO KEY DRIVE #601
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CEFALU, TREY
Address: 3330 W. ESPLANADE AVE. STE 420
City-St-Zip: METAIRIE, LA 70002

Title: VPD (X) Change () Addition
Name: CALLAHAN, DAVID
Address: 628 HIWAY 2
City-St-Zip: VERNELL, GA 30756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREY CEFALU

PD

10/24/2007

Electronic Signature of Signing Officer or Director

_____ Date