


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 015 ****61.25

DOCUMENT # N01000004060 1. Entity Name CLUB CABANA AT PENSACOLA CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 14508 PERDIDO KEY DRIVE PENSACOLA, FL 32507	Mailing Address P.O. BOX 34125 PENSACOLA, FL 32507
---	--

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3733208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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 CEFALU, TREY 3330 W. ESPLANADE AVE. STE 420 METAIRIE, LA 70002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALLAHAN, DAVID. 628 HIWAY 2 VERNELL, GA 30756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLOCUM, FRED 17131 PERDIDO KEY DRIVE #601 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Trey Cefalu, Director* 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #