

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002316

FILED
Apr 28, 2009
Secretary of State

Entity Name: CABANA COLONY RESIDENTS LEAGUE, INC.

Current Principal Place of Business:

3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 11-3739744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, DENNIS W
3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410 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: VP () Delete
Name: WIMPEE, CAROL
Address: 3274 BERMUDA RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P () Delete
Name: CONWAY, DENNIS W
Address: 3633 DUNES RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: GAYTAS, ELSIE
Address: 12084 COLONY RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: SPILLMAN, VINCENT S
Address: 3800 HOLIDAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BARRETT, KATHY
Address: 3797 CATALINA RD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

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: DENNIS W. CONWAY

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date