2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State
03-14-2007 90034 001 ****61.25

DOCUMENT # N05000004455

1. Entity Name

CABANA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3780 IDLEBROOK CIRCLE CASSELBERRY FL 32707	~~3780 IDLEBROOK CIRCLE~~ ~~CASSELBERRY FL 32707~~

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5516 Commerce Drive	5516 Commerce Drive
Suite, Apt. #, etc.: Suite B100	Suite, Apt. #, etc.: Suite B 100
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32839 County: ORANGE	Zip: 32839 County: ORANGE

4. FEI Number: 20-5140758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, BRIAN M
300 SOUTH ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: PAMELA R WOLTERS
Street Address (P.O. Box Number is Not Acceptable): 5516 Commerce Dr.
Suite B 100
City: ORLANDO FL Zip Code: 32839

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: _____ DATE: 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIMER, HOWARD S 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUFFEE, KEVIN 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEWSHAW, RAY 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/30/07 407-841-6248
SIGNATURE AND TYPED OR PRINTED NAME OF CORRECT OFFICER OR DIRECTOR — Date — Current Phone #

ATTACHMENT 460128774 #105000004455

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Cabana Key Condominium Association, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. Box)
3780 Idlebrook Circle

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state and ZIP code
Casselberry, FL 32707

5b City, state, and ZIP code

6 County and state where principal business is located
Seminole County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Howard S. Primer

7b SSN, ITIN, or EIN
341-38-0238

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1120-H
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ Condominium Association
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
April 28, 2005

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ n/a

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have employees during the period, enter "-0-."* ▶	Agricultural	Household	Other
	0	0	0

14 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale - agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale - other ☐ Retail
☒ Other (specify) Condominium Association

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Condominium Management

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
Brian M. Jones, Esq.	407-423-3200
Address and ZIP code Shutts & Bowen, LLP 300 S. Orange Ave, Ste 1000, Orlando FL 32801	Designee's fax number (include area code) 407-425-8316

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Howard S. Primer - President

Applicant's telephone number (include area code) 865-777-0076

Signature ▶ Howard S. Primer Date ▶

Applicant's fax number (include area code) 707-897-0367

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **SS-4** (Rev. 12-2001)

ISA
STF FED7769F.1