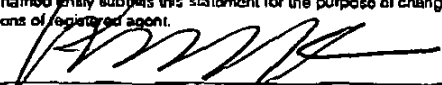


FILED
May 03, 2007 8:00 am
Secretary of State

03-14-2007 90034 001 ****61.25

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

DOCUMENT # N05000004455			
1. Entity Name CABANA KEY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3780 IDLEBROOK CIRCLE CASSELBERRY FL 32707		Mailing Address 3780 IDLEBROOK CIRCLE CASSELBERRY FL 32707	
2. Principal Place of Business - No P.O. Box # 5516 Commerce Drive Suite B 100 Orlando, FL 32839 ORANGE		3. Mailing Address 5516 Commerce Drive Suite B 100 Orlando, FL 32839 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 PAMELA R. WOLTERS 5516 Commerce Dr. Suite B 100 Orlando FL 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			
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-STATE-ZIP	D PRIMER, HOWARD S 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GUFFEE, KEVIN 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MEWSHAW, RAY 234 MORRELL ROAD SUITE 102 KNOXVILLE TN 37919-5876	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: 		DATE: 4/30/07 407-841-6248	

ATTACHMENT

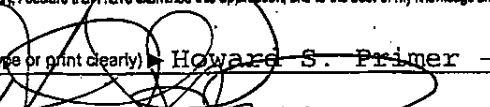
46012874
#105000604453Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, 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 trustee 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 ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated 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 "0-0".		Agricultural 0 Household 0 Other 0
14 Check one box that best describes the principal activity of your business.		
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale - agent/broker ☐ 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 Brian M. Jones, Esq.	Designee's telephone number (include area code) 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 ▶ 		Applicant's fax number (include area code) 707-897-0367
Date ▶		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)