

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO5585**

1. Entity Name  
**CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, INC.** *W 7844*

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 00 JUN 23 PM 2:50

Principal Place of Business  
**3450 SCENIC HWY 98  
 DESTIN, FL 32541**

Mailing Address  
**SUITE 208  
 12273 U.S. HIGHWAY 98  
 DESTIN, FL 32541**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**REINSTATEMENT** *85-00*  
 DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2798418**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **WALTER D. SCOTT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12273 U.S. Highway 98  
 SUITE 208**  
 City **DESTIN** State **FL** Zip Code **32541**

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.

SIGNATURE *Walter D. Scott* **WALTER D. SCOTT** DATE **3-6-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b> <input type="checkbox"/> Delete
NAME	<b>Tom Petrosino</b>
STREET ADDRESS	<b>1179 Hollyheath Lane</b>
CITY-ST-ZIP	<b>Charlotte, NC 28209-2012</b>
TITLE	<b>VP/D</b> <input type="checkbox"/> Delete
NAME	<b>DIETER Blasbichler</b>
STREET ADDRESS	<b>P.O. BOX 222</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<b>S/T/D</b> <input type="checkbox"/> Delete
NAME	<b>BECKY JONES</b>
STREET ADDRESS	<b>2030 Country Squire</b>
CITY-ST-ZIP	<b>Marietta, GA 30062</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>Roger Sorenson</b>
STREET ADDRESS	<b>3093 Mildred DRIVE</b>
CITY-ST-ZIP	<b>Roseville, MN 55113</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>Thomas Ramsden</b>
STREET ADDRESS	<b>1625 Hargrove Road East</b>
CITY-ST-ZIP	<b>Tuscaloosa, AL 35405</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500003321645--3</b>
STREET ADDRESS	<b>-07/13/00--01006--017</b>
CITY-ST-ZIP	<b>***1155.00 ***1155.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the like empowered.

SIGNATURE: *Dieter Blasbichler* **Dieter Blasbichler** DATE **03-6-00** (850) 654-9071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)