

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002640

FILED
Mar 26, 2007
Secretary of State

Entity Name: CABANA CLUB AT PARADISE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2001 BRIMSON ROAD
LUTZ, FL 33558

New Principal Place of Business:

2001 BRINSON ROAD
LUTZ, FL 33558

Current Mailing Address:

2001 BRIMSON ROAD
LUTZ, FL 33558

New Mailing Address:

2001 BRINSON ROAD
LUTZ, FL 33558

FEI Number: 20-4457665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: PD () Delete
Name: LETTELLEIR, JOSEPH T
Address: 2001 BRIMSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: SD () Delete
Name: CLYDE, KIM
Address: 2001 BRIMSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: TD () Delete
Name: BRODERICK, ROGER
Address: 2001 BRIMSON ROAD
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LETTELLEIR, JOSEPH T
Address: 2001 BRINSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: SD (X) Change () Addition
Name: CLYDE, KIM
Address: 2001 BRINSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: TD (X) Change () Addition
Name: BRODERICK, ROGER
Address: 2001 BRINSON ROAD
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH T. LETTELLEIR

PD

03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date