

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002640

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

2001 BRINSON ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

1519 DALE MABRY HIGHWAY
105
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-4457665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANN MARIE
1519 DALE MABRY HIGHWAY
105
LUTZ, FL 33548 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: PRES () Delete
Name: TAYLOR, DAVID
Address: 2001 BRINSON ROAD, #401
City-St-Zip: LUTZ, FL 33558

Title: SEC () Delete
Name: MASONER, RICHARD M
Address: 21523 WOODSTORK LN
City-St-Zip: LUTZ, FL 33549

Title: TREA () Delete
Name: RAIMONDI, RONALD
Address: 7900 GENOA LN
City-St-Zip: LAND O' LAKES, FL 34637

Title: VP (X) Delete
Name: FORIER, JOHN
Address: PO BOX 750
City-St-Zip: LAND O' LAKES, FL 34639

Title: DIR (X) Delete
Name: MOORE, G B
Address: PO BOX 763
City-St-Zip: GRAY, GA 31032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FORIER, JOHN
Address: P.O.BOX 750
City-St-Zip: LAND O LAKES, FL 34639

Title: SEC (X) Change () Addition
Name: LAWSON, BRADLEY
Address: 312 BAHAMA DR
City-St-Zip: PALMETTO, FL 34221

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: RONALD RAIMONDI

TREA

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date