

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004060

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC2566878751**

**Entity Name:** CLUB CABANA AT PENSACOLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14508 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**Current Mailing Address:**

P.O. BOX 34125  
PENSACOLA, FL 32507

**FEI Number: 59-3733208**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STOPP, MARGARET  
220 W. GARDEN ST.  
9TH FLOOR  
PENSACOLA, FL 32502 US

*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

**Officer/Director Detail :**

Title PD  
Name WRENN, ROMEL DR.  
Address P. O. BOX 70701  
City-State-Zip: FAIRBANKS AK 99707

Title VPD  
Name SKINNER, ELLIS R  
Address 3046 WETHERBY DRIVE  
City-State-Zip: GERMAN TOWN TN 38139

Title STD  
Name STRATTON, ROBERT  
Address 3900 CHAUVIN #2  
City-State-Zip: MONROE LA 71201

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. ROMEL WRENN**

**PRESIDENT/DIRECTOR**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date