

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004455

**Entity Name:** CABANA KEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OSMS  
PO BOX 915103  
LONGWOOD, FL 32791

**Current Mailing Address:**

PO BOX 915103  
LONGWOOD, FL 32791 US

**FEI Number:** 20-5140758

**Certificate of Status Desired:** No

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

ONE SOURCE MANAGEMENT SOLUTIONS, INC.  
C/O OSMS  
PO BOX 915103  
LONGWOOD, FL 32791 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:** BRENDA ROZANC

02/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRODIE, PHILIP  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title SEC/TREAS  
Name DICKINSON, WILLIAM  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title MANAGER  
Name ONE SOURCE MANAGEMENT SOLUTIONS, INC  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title VP  
Name KLEIN, MICHELLE  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

*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:** MICHELLE KLEIN

VP

02/22/2020

Electronic Signature of Signing Officer/Director Detail

Date