

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000004455

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

**Current Principal Place of Business:**

3700 IDLEBROOK CIRCLE  
CASSELBERRY, FL 32707

**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.  
7400 SUGAR BEND DRIVE  
ORLANDO, FL 32819 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

08/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	BRODIE, PHILIP	Name	GUFFEE, KEVIN
Address	PO BOX 915103	Address	PO BOX 915103
City-State-Zip:	LONGWOOD FL 32791	City-State-Zip:	LONGWOOD FL 32791
Title	T	Title	SECRETARY
Name	BLASE, JILL	Name	MCGINLAY, PATRICIA
Address	PO BOX 915103	Address	PO BOX 915103
City-State-Zip:	LONGWOOD FL 32791	City-State-Zip:	LONGWOOD FL 32791
Title	MANAGER		
Name	ONE SOURCE MANAGEMENT SOLUTIONS, INC		
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:** BRENDA ROZANC

MANAGER

08/29/2018

Electronic Signature of Signing Officer/Director Detail

Date