

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012031

**Entity Name:** 1100 CABANA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**3300794504CC**

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE  
206  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

400 EXECUTIVE CENTER DRIVE  
206  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 83-2275045

**Certificate of Status Desired:** No

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

MURPHY, PATRICK MICHAEL PATRICK MURPHY  
400 EXECUTIVE CENTER DRIVE  
206  
WEST PALM BEACH, FL 33401 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:** PATRICK MURPHY

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MURPHY, PATRICK JR.  
Address 400 EXECUTIVE CENTER DRIVE  
206  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name RAPPA, MICHAEL THOMAS  
Address 400 EXECUTIVE CENTER DRIVE  
206  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name PITTS, KELLY  
Address 400 EXECUTIVE CENTER DRIVE  
206  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** PATRICK MURPHY

**PRESIDENT**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date