

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90004 007 ****61.25

DOCUMENT # 735094

1. Corporation Name

FELLS COVE ESTATES CABANA CLUB, INC.

Principal Place of Business

5055 S KALIGA DR.
ST CLOUD FL 34771

Mailing Address

5055 S KALIGA DR.
ST CLOUD FL 34771



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/03/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2957539

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAYLOCK, JANE H.
5055 S. KALIGA DR
ST. CLOUD FL 34771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ECKENRODE, TERRY
STREET ADDRESS N. KALIGA DR
CITY-ST-ZIP ST. CLOUD FL

1.1 TITLE President ☒ Change ☐ Addit
1.2 NAME Sonny Perrette
1.3 STREET ADDRESS 5094 N. Kaliga Dr
1.4 CITY-ST-ZIP St Cloud, FL 34771

TITLE ☒ DELETE
NAME PERRITTE, SONNY
STREET ADDRESS 5094 S. KALIGA DR.
CITY-ST-ZIP ST CLOUD, FL 00000

2.1 TITLE No V.P. ☒ Change ☐ Addit
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME BLAYLOCK, JANE
STREET ADDRESS 5055 S. KALIGA DR
CITY-ST-ZIP ST CLOUD, FL 00000

3.1 TITLE ☐ Change ☐ Addit
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME O'HIGGINS, KEN
STREET ADDRESS 5098 S. KALIGA DR.
CITY-ST-ZIP ST CLOUD, FL 00000

4.1 TITLE ☐ Change ☐ Addit
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLAYLOCK, FLOYD
STREET ADDRESS 5055 S. KALIGA DR.
CITY-ST-ZIP ST CLOUD, FL 00000

5.1 TITLE ☐ Change ☐ Addit
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-99

Date

407
892-5343

Daytime Phone #