

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90729 016 \*\*\*\*61.25

**DOCUMENT # 735094**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERRITTE, SONNY ☒ Delete  
STREET ADDRESS 5094 N KALIGA DR  
CITY-ST-ZIP SAINT CLOUD FL 34771

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

TITLE D  
NAME SIMONS, R. J. ☒ Delete  
STREET ADDRESS S KALIGA DRIVE  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE D  
NAME MARTZ, NIKI ☒ Delete  
STREET ADDRESS S KALIGA DRIVE  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE D  
NAME BAYS, DEBORAH ☒ Delete  
STREET ADDRESS 5101 S KALIGA DRIVE  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition  
NAME J. B. Ray  
STREET ADDRESS 5075 S. Kaliga Dr.  
CITY-ST-ZIP ST. Cloud FL 34771

TITLE Director ☐ Change ☒ Addition  
NAME Glenn Mortimer  
STREET ADDRESS 5081 S. Kaliga Dr.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE V. President ☐ Change ☒ Addition  
NAME Paul Cassidy  
STREET ADDRESS 5100 N. Kaliga Dr.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE Director ☐ Change ☒ Addition  
NAME Barb Randall  
STREET ADDRESS 5074 N. Kaliga Dr.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE Director ☐ Change ☒ Addition  
NAME Marilyn Selgren  
STREET ADDRESS 5110 S. Kaliga Dr.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

*Jane H. Blaylock*

April 29, 04 407-892-5343