


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2957539 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLAYLOCK, JANE 5055 S. KALIGA DR ST CLOUD FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mike Patrick 5084 N. Kaliga Dr. St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINER, GLENN 5081 S. KALIGA DR. SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnny Roton 5065 N. Kaliga Dr. St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSIDY, PAUL 5100 N. KALIGA DR. SAINT CLOUD FL 34771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, BARB 5074 N. KALIGA DR. SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy Mellon 5081 N. Kaliga Dr. St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELGREN, MARILYN 5110 S. KALIGA DR. SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Hunter 5074 N. Kaliga Dr. St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Jane H. Blaylock Jane H. Blaylock St 4-24-06 407-892-5343