


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90040 045 \*\*\*\*61.25

<b>DOCUMENT # 735094</b> 1. Entity Name FELLS COVE ESTATES CABANA CLUB, INC.	
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Principal Place of Business 5055 S KALIGA DR. ST CLOUD, FL 34771	Mailing Address 5055 S KALIGA DR. ST CLOUD, FL 34771
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**DO NOT WRITE IN THIS SPACE**



05042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2957539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BLAYLOCK, JANE H. 5055 S. KALIGA DR. ST. CLOUD, FL 34771
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLAYLOCK, JANE 5055 S. KALIGA DR ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> P ROTON, JOHNNY 5065 N. KALIGA DR. SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> D CASSIDY, PAUL 5100 N. KALIGA DR. SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELON, PEGGY 5051 N. KALIGA DR. SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> VP HUNTER, GARY 5074 N. KALIGA DR. SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> D PATRICK MIKE 5084 N. KALIGA DR. SAINT CLOUD, FL 34771

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* *5-4-07* *407*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #