2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State
05-30-2008 90214 014 ****61.25

DOCUMENT # 735094

1. Entity Name
FELLS COVE ESTATES CABANA CLUB, INC.

Principal Place of Business	Mailing Address
5055 S KALIGA DR. ST CLOUD, FL 34771	5055 S KALIGA DR. ST CLOUD, FL 34771

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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2957539
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BLAYLOCK, JANE
STREET ADDRESS	5055 S. KALIGA DR
CITY-ST-ZIP	ST CLOUD, FL
TITLE	~~P~~ Vice Pres TED MELTON
NAME	~~ROTONI, JOHNNY~~
STREET ADDRESS	~~5085~~ N. KALIGA DR. 5051
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	P Kenny Brown
NAME	~~GAGGIDY, PAUL~~ 5085
STREET ADDRESS	~~5100~~ N. KALIGA DR.
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	D
NAME	~~MEEDN~~, PEGGY MELTON
STREET ADDRESS	5051 N. KALIGA DR.
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	D
NAME	~~[illegible] GARY~~ ANGELA BROWN
STREET ADDRESS	5074 N, KALIGA DR.
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	D
NAME	~~[illegible]~~ JEMILLA PETTY
STREET ADDRESS	~~5040 S. KALIGA DR.~~ 5020 S. KALIGA DR
CITY-ST-ZIP	SAINT CLOUD, FL 34771

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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 5-5-08 407-892-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #