2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 735094

Entity Name: FELLS COVE ESTATES CABANA CLUB, INC.

Current Principal Place of Business:

5055 S KALIGA DR.
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5055 S KALIGA DR.
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2957539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	BLAYLOCK, JANE	
Address:	5055 S. KALIGA DR	
City-St-Zip:	ST CLOUD, FL	
Title:	V	( ) Delete
Name:	MELTON, TED	
Address:	5051 N KALIGA DR	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	P	( ) Delete
Name:	BROWN, KENNY	
Address:	5085 N KALIGA DR	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	MELTON, PEGGY	
Address:	5051 N. KALIGA DR.	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	BROWN, ANGELA	
Address:	5074 N, KALIGA DR.	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	PETTY, JEMILLA	
Address:	5020 S KALIGA DR	
City-St-Zip:	SAINT CLOUD, FL 34771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	ST	(X) Change ( ) Addition
Name:	BLAYLOCK, JANE	
Address:	5055 S. KALIGA DR	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	V	(X) Change ( ) Addition
Name:	PATRICK, FAYE	
Address:	5084 N. KALIGA DR.	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ROTEN, JOHNEY	
Address:	5051 N. KALIGA DR.	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE H. BLAYLOCK S/T 04/28/2009
Electronic Signature of Signing Officer or Director — Date