

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735094

FILED
Apr 26, 2012
Secretary of State

Entity Name: FELLOWS 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
Name: BLAYLOCK, JANE H
Address: 5055 S. KALIGA DR
City-St-Zip: ST CLOUD, FL 34771

Title: V
Name: PERRITTE, RON
Address: 5094 S. KALIGA DR..
City-St-Zip: SAINT CLOUD, FL 34771

Title: P
Name: CASSIDY, PAUL
Address: 5085 N KALIGA DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: MATHENY, MICHELLE
Address: 5096 N KALIGA DR..
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: BROWN, ANGELA
Address: 5074 N, KALIGA DR.
City-St-Zip: SAINT CLOUD, FL 34771

Title: D
Name: DEVLIN, KEITH
Address: 5098 S.KALIGA DR.
City-St-Zip: SAINT CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: JANE H. BLAYLOCK

S/T

04/26/2012

Electronic Signature of Signing Officer or Director

Date