

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765101 (1)
 1. Corporation Name
CABANA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1582 GULF BLVD OFFICE CLEARWATER FL 34630 US	Mailing Address 1582 GULF BLVD OFFICE CLEARWATER FL 34630 US
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3. Date Incorporated or Qualified 09/17/1982	4. FEI Number 59-2186289	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33767 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33767 30 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KORWIN, KAY
1582 GULF BLVD
#1705
CLEARWATER FL 34630 **33767**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORWIN, KAY	1.2 NAME	
STREET ADDRESS	1582 GULF BLVD #1705	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP	33767
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWART, BILL	2.2 NAME	
STREET ADDRESS	1582 GULF BLVD #1301	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 35630	2.4 CITY-ST-ZIP	33767
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, PENNY	3.2 NAME	ASST SECRETARY
STREET ADDRESS	1586 GULF BLVD #1606	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	33767
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CAROL	4.2 NAME	
STREET ADDRESS	1582 GULF BLVD #2604	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	4.4 CITY-ST-ZIP	33767
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VERONICA	5.2 NAME	VPD Delbart Bressler
STREET ADDRESS	1582 GULF BLVD #1703	5.3 STREET ADDRESS	1582 GULF BLVD # 1404
CITY-ST-ZIP	CLEARWATER FL 34630	5.4 CITY-ST-ZIP	Clearwater FL 33767
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JIM	6.2 NAME	Treasurer Fred hemmin
STREET ADDRESS	1582 GULF BLVD #1208	6.3 STREET ADDRESS	1582 GULF Blvd # 1407
CITY-ST-ZIP	CLEARWATER FL 34630	6.4 CITY-ST-ZIP	Clearwater FL 33767

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recelcyer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Korwin 1/8/98

CR2E037 (10/97)