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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765101

1. Corporation Name
CABANA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1582 GULF BLVD OFFICE CLEARWATER FL 33767 US	Mailing Address 1582 GULF BLVD OFFICE CLEARWATER FL 33767 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/17/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2186289
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~KORWIN, KAY
 1582 GULF BLVD
 #1705
 CLEARWATER FL 33767~~

10. Name and Address of New Registered Agent

81 Name **Schwarm, Ric**
 82 Street Address (P.O. Box Number is Not Acceptable) **1586 Gulf Blvd**
 83 **# 2602**
 84 City **Clearwater** 85 **FL** Zip Code **33767**

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 **Ric Schwarm, President** *Ric Schwarm* DATE **1/5/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KORWIN, KAY	
STREET ADDRESS	1582 GULF BLVD #1705	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EWART, BILL	
STREET ADDRESS	1582 GULF BLVD #1301	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLIFFORD, PENNY	
STREET ADDRESS	1586 GULF BLVD #1606	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CAROL	
STREET ADDRESS	1582 GULF BLVD #2804	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRESSLER, DELBERT	
STREET ADDRESS	1582 GULF BLVD, #1404	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEMMIN, FRED	
STREET ADDRESS	1582 GULF BLVD, #1407	
CITY-ST-ZIP	CLEARWATER FL 33767	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ric Schwarm	
1.3 STREET ADDRESS	1586 Gulf Blvd # 2602	
1.4 CITY-ST-ZIP	Clearwater FL 33767	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Miller	
2.3 STREET ADDRESS	1582 Gulf Blvd # 1208	
2.4 CITY-ST-ZIP	Clearwater FL 33767	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Wisomiller	
4.3 STREET ADDRESS	1582 Gulf Blvd # 1206	
4.4 CITY-ST-ZIP	Clearwater FL 33767	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 receiver 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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE: **1/5/99** DAYTIME PHONE #: **727-596-5031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)