

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-19-2007 90055 009 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # 765101					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2186289	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JIM 1582 GULF BLVD #1206 CLEARWATER FL 33767			7. Name and Address of New Registered Agent Name SHARON PETTIT Street Address (P.O. Box Number is Not Acceptable) 1582 GULF BLVD UNIT 1404 City CLEARWATER FL Zip Code 33767		
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		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS ZENO, PHYLISS 1582 GULF BLVD #2501 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MILLER, JIM 1582 GULF BLVD #1208 CLEARWATER FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FRANK SIMONELLI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1582 GULF BLVD 1508 CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S KELLER, ROSEMARY 1582 GULF BLVD, #1507 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WHITLEY, HILARY 1582 GULF BLVD #1801 CLEARWATER FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	GEORGE MITROVICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1586 GULF BLVD 2502 CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP STEIN, NORM 1582 GULF BLVD #1501 CLEARWATER FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SHARON PETTIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1582 GULF BLVD 1404 CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BM WALSH, LARRY 1582 GULF BLVD #1106 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		DATE: 2/5/07		DAYTIME PHONE #: (727) 517-1070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					