

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # NQ4000002316

1. Entity Name

CABANA COLONY RESIDENTS LEAGUE, INC.



Principal Place of Business

3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410

Mailing Address

3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410



04262008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

11-3739744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, DENNIS W
3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000947231
06/02/08-800006-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WIMPEE, CAROL
STREET ADDRESS	3274 BERMUDA RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	P
NAME	CONWAY, DENNIS W
STREET ADDRESS	3633 DUNES RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	GAYTAS, ELSIE
STREET ADDRESS	12084 COLONY RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	SPILLMAN, VINCENT S
STREET ADDRESS	3800 HOLIDAY RD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dennis W. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS W. CONWAY

Date

4/26/08

Daytime Phone #

561-346-7885