


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90008 039 *****61.25

DOCUMENT # N04000004952					
1. Entity Name CABANA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4030 GULF OF MEXICO DR LONGBOAT KEY, FL 34228			Mailing Address 4030 GULF OF MEXICO DR LONGBOAT KEY, FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 56-2462441	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARR, CHARLES L III 4030 GULF OF MEXICO DR LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME STARR, CHARLES L III STREET ADDRESS 4030 GULF OF MEXICO DR CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE PRES. NAME GARY HECKMAN STREET ADDRESS 9615 DISCOVERY TERRACE CITY-ST-ZIP BRADENTON, FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WITTLINGER, FRED A STREET ADDRESS 590 CHANNEL LANE CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE Secy NAME SOPHIE KUEZAK STREET ADDRESS 4030 GULF OF MEXICO DR CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME OWEN, WILLIAM B STREET ADDRESS 1116 FONTAINE RD CITY-ST-ZIP LEXINGTON, KY 40502	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
TITLE ST NAME HECKMAN, GARY W STREET ADDRESS 9615 DISCOVERY TERRACE CITY-ST-ZIP BRADENTON, FL 34212	<input checked="" type="checkbox"/> Delete		(Empty row for additions/changes)		
(Empty row for officers/directors)	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
(Empty row for officers/directors)	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
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: <i>Gary Heckman</i>			2/1/06 944-744-8537		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		