# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N04000004952

1. Entity Name
CABANA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4030 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228 | 4030 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228 |

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2462441
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HECKMAN, GARY |
| STREET ADDRESS | 9615 DISCOVERY TERR |
| CITY-ST-ZIP | BRADENTON, FL 34212 |
| TITLE | ST |
| NAME | KUCZAK, SOPHIE |
| STREET ADDRESS | 4030 GULF OF MEXICO DR |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 |
| TITLE | V |
| NAME | OWEN, WILLIAM B |
| STREET ADDRESS | 1116 FONTAINE RD |
| CITY-ST-ZIP | LEXINGTON, KY 40502 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000591269
01/19/07-80015-017 61.25

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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:** Gary W Heckman GARY HECKMAN 1/13/2007 941-383-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #