2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N05585

Entity Name: THE CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3450 SCENIC HWY 98
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY. W, STE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-2798418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY. W, STE 23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WEDEN, MARK	
Address:	131 COMPASS POINTE DR.	
City-St-Zip:	MADISON, AL 35758	
Title:	DST	( ) Delete
Name:	BLASBICHLER, DIETER	
Address:	P.O. BOX 222	
City-St-Zip:	DESTIN, FL 32541	
Title:	PD	( ) Delete
Name:	JONES, BECKY	
Address:	2030 COUNTRY SQUIRE	
City-St-Zip:	MARIETTA, GA 30062	
Title:	D	( ) Delete
Name:	SORENSON, ROGER	
Address:	3093 MILDRED DRIVE	
City-St-Zip:	ROSEVILLE, MN 55113	
Title:	D	( ) Delete
Name:	DIAL, JANE	
Address:	3094 ZERMATH WAY	
City-St-Zip:	SNELLVILLE, GA 30078	
Title:	DVP	( ) Delete
Name:	TUSKAS, RICHARD	
Address:	48 SHAWINDASSEE DR.	
City-St-Zip:	TIMBERLAKE, OH 44095	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BECKY JONES PD 01/25/2005
Electronic Signature of Signing Officer or Director — Date