## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05585

FILED Apr 10, 2007 Secretary of State

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

	Principal Place of Business:	New Principal Place	or Dusiliess.
	ENIC HWY 98 FL 32541		
Current I	Mailing Address:	New Mailing Address	<b>::</b>
	MERALD COAST PKWY. W, STE 23 R BEACH, FL 32550		
FEI Numbe	r: 59-2798418 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
	, JAY B MERALD COAST PKWY. W, STE 23 R BEACH, FL 32550 US		
	e named entity submits this statement for the te of Florida.	purpose of changing its registered	d office or registered agent, or both,
SIGNATL			
	Electronic Signature of Registered Ag	gent	Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address:	PD () Delete BOWIE, PENNY 4405 SMOKEY RD	Title: Name: Address:	( ) Change ( ) Addition
City-St-Zip:	NEWMAN, GA 30263	City-St-Zip:	
City-St-Zip: Title: Name: Address: City-St-Zip:	DS ( ) Delete BLASBICHLER, DIETER P.O. BOX 222	City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	DS () Delete BLASBICHLER, DIETER P.O. BOX 222 DESTIN, FL 32541  VPD () Delete PETROSINO, TOM 1917 PARK RD.	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	DS () Delete BLASBICHLER, DIETER P.O. BOX 222 DESTIN, FL 32541  VPD () Delete PETROSINO, TOM 1917 PARK RD. CHARLOTTE, NC 28203  D () Delete SORENSON, ROGER 3093 MILDRED DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DS () Delete BLASBICHLER, DIETER P.O. BOX 222 DESTIN, FL 32541  VPD () Delete PETROSINO, TOM 1917 PARK RD. CHARLOTTE, NC 28203  D () Delete SORENSON, ROGER 3093 MILDRED DRIVE ROSEVILLE, MN 55113  DT () Delete TIDWELL, ROBERT 15000 EMERALD COAST PKWY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PENNY J. BOWIE PD 04/10/2007