

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05585

FILED
Mar 24, 2009
Secretary of State

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: PD () Delete
Name: BOWIE, PENNY
Address: 4405 SMOKEY RD
City-St-Zip: NEWMAN, GA 30263

Title: DS () Delete
Name: BLASBICHLER, DIETER
Address: P.O. BOX 222
City-St-Zip: DESTIN, FL 32541

Title: VPD () Delete
Name: PETROSINO, TOM
Address: 1917 PARK RD.
City-St-Zip: CHARLOTTE, NC 28203

Title: D () Delete
Name: SORENSON, ROGER
Address: 3093 MILDRED DRIVE
City-St-Zip: ROSEVILLE, MN 55113

Title: DT () Delete
Name: BLACK, GAIL
Address: 8705 SWEET BLOSSOM CT.
City-St-Zip: FT. WAYNE, IN 46835

Title: D () Delete
Name: CLEMENS, PAT
Address: 361 TOCCA PLACE
City-St-Zip: JONESBORO, GA 30236

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
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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 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date