2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000002640

FILED Apr 09, 2008 Secretary of State

Entity Name: CABANA CLUB AT PARADISE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2001 BRINSON ROAD LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

P.O. BOX 17683 1519 DALE MABRY HIGHWAY

LAND O' LAKES, FL 34639

LUTZ, FL 33548

FEI Number: 20-4457665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JIM SMITH'S PROPERTY MANAGEMENT, INC BROWN, ANN MARIE

1104 SAMY DR 1519 DALE MABRY HIGHWAY

TAMPA, FL 33613 US 105

LUTZ, FL 33548 US

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: ANN MARIE BROWN 04/09/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

LETTELLEIR, JOSEPH T Name: TAYLOR, DAVID Name: 2001 BRINSON ROAD Address: 2001 BRINSON ROAD, #401 Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33558

Title: SD () Delete Title: (X) Change () Addition CAROLINE, TOBIN Name: MASONER, RICHARD M Name:

Address: 6630 MAGNOLIA PT DR. Address: 21523 WOODSTORK LN City-St-Zip: LAND O LAKES, FL 34637 City-St-Zip: LUTZ, FL 33549

Title: () Delete Title: **TREA** (X) Change () Addition

BRODERICK, ROGER RAIMONDI, RONALD Name: Name: 944 39TH AVENUE NORTH Address: Address: 7900 GENOA LN

City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: LAND O' LAKES, FL 34637

Title: Title: () Change (X) Addition () Delete

Name: Name: FORIER, JOHN

Address: Address: PO BOX 750 City-St-Zip: City-St-Zip: LAND O' LAKES, FL 34639

Title: () Delete Title: () Change (X) Addition MOORE, G B Name: Name: PO BOX 763 Address: Address: GRAY, GA 31032 City-St-Zip: 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: RICHARD M MASONER SEC 04/09/2008