


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90186 021 \*\*\*\*61.25

<b>DOCUMENT # N06023</b>			
1. Entity Name CABANA BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2121 S. OCEAN BOULEVARD POMPANO BEACH, FL 33062		Mailing Address C/O EXCLUSIVE PROP MGMT 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JHENDELL & ASSOCIATES, PA 3650 N FEDERAL HWY, #202 POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, SHERRY	NAME	
STREET ADDRESS	2121 S OCEAN BLVD. #306	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERNAN, ROSE	NAME	
STREET ADDRESS	2121 S OCEAN BLVD., #305	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIBAT, PETER	NAME	KALIBAT, PETER
STREET ADDRESS	2121 S OCEAN BLVD #302	STREET ADDRESS	2121 S OCEAN BLVD. #302
CITY-ST-ZIP	POMPANO BCH, FL 33062	CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNICK, JOHN	NAME	
STREET ADDRESS	2121 S OCEAN BLVD #405	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELFI, ALFRED	NAME	
STREET ADDRESS	2121 S. OCEAN BLVD. #203	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	B. J. PANTEJO
STREET ADDRESS		STREET ADDRESS	2121 S. OCEAN BLVD. # 801
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BCH, FL 33062
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: <u>Rose Kiernan - Secretary</u>		Date	4-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	954-845-2232

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04092007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0122319 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required