
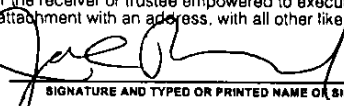


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90057 004 ****61.25

| | | | | | |
|--|---------------------------------|---|---|---|--|
| DOCUMENT # N06023 1. Entity Name CABANA BAY VILLAGE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2121 S. OCEAN BOULEVARD POMPAÑO BEACH, FL 33062 | | | Mailing Address C/O EXCLUSIVE PROP MGMT 1280 SW 36 AVE #301 POMPAÑO 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 | | 04072008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-0122319 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JHENDELL & ASSOCIATES, PA 3650 N FEDERAL HWY, #202 POMPAÑO BEACH, FL 33064 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | POMPAÑO 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 | POMPAÑO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KALIBAT, PETER | | NAME | | |
| STREET ADDRESS | 2121 S OCEAN BLVD #302 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPAÑO BCH, FL 33062 | | CITY-ST-ZIP | | |
| 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 | POMPAÑO 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 | POMPAÑO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PANTESO, B.J. | | NAME | D. LAUTIN, ELYN | |
| STREET ADDRESS | 2121 S OCEAN BLVD #801 | | STREET ADDRESS | 2121 S. OCEAN BLVD. # 806 | |
| CITY-ST-ZIP | POMPAÑO BEACH, FL 33062 | | CITY-ST-ZIP | POMPAÑO BEACH, 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date _____ Daytime Phone # _____</small> | | | | | |