

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17246

FILED
Mar 09, 2007
Secretary of State

Entity Name: OLD PONTE VEDRA BEACH CABANA CLUB, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2765953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 343, SUITE 500
LONGWOOD, FL 32779 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 (X) Delete
Name: MASON, BETTIE
Address: 165 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD () Delete
Name: SOUTHWELL, VIVIAN
Address: 119 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: OBRIEN, LIZ
Address: 115 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Delete
Name: OSWALD, JIM
Address: 147 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: EYMER, TIM
Address: 166 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SOUTHWELL, VIVIAN
Address: 119 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD (X) Change () Addition
Name: JOHNSON, BARBARA
Address: 5665 N CAMELBACK CANYON DR
City-St-Zip: PHOENIX, AZ 85108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: EYMER, TIM
Address: 166 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: VIVIAN SOUTHWELL

PD

03/09/2007

Electronic Signature of Signing Officer or Director

Date