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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N24704**

1. Corporation Name

**CABANA BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business

%ROB BLUE, JR.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401-3128

Mailing Address

%ROB BLUE, JR.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401-3128



2. Principal Place of Business

21 203 Shalimar St.

Suite, Apt. #, etc.

22

City & State

23 Panama City Bch

Zip

24 32413 25 USA

2a. Mailing Address

26 P.O. Drawer 9418

Suite, Apt. #, etc.

27

City & State

28 Panama City Bch, FL

Zip

29 32407 30 USA

3. Date Incorporated or Qualified

02/05/1988

4. FEI Number

59-2877965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CHARLES M NOVOTA  
203 SHALIMAR ST  
PANAMA CITY FL 32413

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NOVOTA, CHARLES M.  
STREET ADDRESS 220 SUNDIAL COURT  
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D ☐ DELETE

NAME WHITAKER, DEBORAH C.  
STREET ADDRESS 2002 GERALD LANE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ DELETE

NAME NOVOTA, JOANIE  
STREET ADDRESS 220 SUNDIAL COURT  
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E037 (11/98)