

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24704

1. Entity Name

CABANA BEACH OWNERS ASSOCIATION, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90033 023 ****70.00

0016235

Principal Place of Business

%ROB BLUE, JR.
203 SHALIMAR ST
PANAMA CITY BEACH FL 32413

Mailing Address

%ROB BLUE, JR.
P.O. DRAWER 9418
PANAMA CITY BEACH FL 32407

1 3 2 3 1 8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2877965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES M NOVOTA
203 SHALIMAR ST
PANAMA CITY FL 32413

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME WHITAKER, DEBORAH C. ☐ Delete
STREET ADDRESS 2002 GERALO LANE
CITY-ST-ZIP LYNN HAVEN FL

TITLE D
NAME NOVOTA, JOANIE ☐ Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

850-235-0950

Daytime Phone #

CR2E037 (10/00)