

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39947

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CABANAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1 BEACHSIDE DRIVE  
ORCHID, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 BEACHSIDE DRIVE  
ORCHID, FL 32963 US

**New Mailing Address:**

**FEI Number:** 65-0232648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKINNON, CHARLES W  
3055 CARDINAL DR. SUITE 302  
VERO BEACH, FL 32963 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:** P  
**Name:** DRUCKER, ALAN MR  
**Address:** 810 PEMBROKE CRT  
**City-St-Zip:** ORCHID, FL 32963

**Title:** S  
**Name:** LEITHISER, LORAIN MRS  
**Address:** 440 INDIES DRIVE  
**City-St-Zip:** ORCHID, FL 32963

**Title:** T  
**Name:** WALKER, WILLIAM MR  
**Address:** 100 BEACHSIDE DR 101  
**City-St-Zip:** ORCHID, FL 32963

I hereby 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 all other like empowered.

**SIGNATURE:** ALAN DRUCKER

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date