2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058926

Address:

City-St-Zip:

Entity Name: CABANA CLUB APARTMENTS, INC

FILED Jan 13, 2005 Secretary of State

Entity Nar	ne: CABANA	CLUB APARTMENTS, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
5233 FISHER ISLAND DR FISHER ISLAND, FL 32109				5233 FISHER ISLAND DR FISHER ISLAND, FL 33109				
Current Mailing Address:				New Mailing Address:				
5233 FISHER ISLAND DR FISHER ISLAND, FL 33109				19801 SW 110 COURT MIAMI, FL 33157				
FEI Number:	65-0441820	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certific	ate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SMITH, CAROLYN A. ES 5233 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US				SAKOLSKY, CAROLYN A ESQ. 5233 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US				
	named entity s of Florida.	submits this statement for the	e purpose o	f changing i	ts registere	d office or	registered age	nt, or both,
SIGNATUR	RE: CAROLYI		01/13/2005					
	Electron	ic Signature of Registered A	gent				Date	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () SAKOLSKY, AL 5233 FISHER IS FISHER ISLANI	SLAND DR		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () SAKOLSKY, CA 5233 FISHER IS FISHER ISLANI	SLAND DR		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name:	()	Delete		Title: Name:	S BUNASSAR		(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

19801 SW 110 COURT

MIAMI, FL 33157

SIGNATURE: PETER BUNASSAR S 01/13/2005