

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058926

FILED  
Jun 09, 2009  
Secretary of State

Entity Name: CABANA CLUB APARTMENTS, INC.

## Current Principal Place of Business:

5233 FISHER ISLAND DR  
FISHER ISLAND, FL 33109

## New Principal Place of Business:

## Current Mailing Address:

19801 SW 110 COURT  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 65-0441820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAKOLSKY, CAROLYN A ESQ.  
5233 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAKOLSKY, ALBERT H  
Address: 5233 FISHER ISLAND DR  
City-St-Zip: FISHER ISLAND, FL 33109

Title: D ( ) Delete  
Name: SAKOLSKY, CAROLYN A  
Address: 5233 FISHER ISLAND DR  
City-St-Zip: FISHER ISLAND, FL 33109

Title: S ( ) Delete  
Name: BUNASSAR, PETER  
Address: 19801 SW 110 COURT  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: CAROLYN A. SAKOLSKY

D

06/09/2009

Electronic Signature of Signing Officer or Director

Date