

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 765101

Entity Name: CABANA CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1582 GULF BLVD.
CLEARWATER, FL 33767

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19 SUITE 7
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2186289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19
SUITE 7
NEW PORT RICHEY, FL 34652 US

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: MARY BURNARD

05/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MENHORN, CINDY
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 SUITE 7
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name MORRIS, ASHLI
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 SUITE 7
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name DIRRANE, MICHAEL
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 SUITE 7
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER, SECRETARY
Name LUCKEY, TAMI
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 SUITE 7
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name CARROLL, JERILYNN
Address QUALIFIED PROPERTY
 MANAGEMENT INC
 5901 US HIGHWAY 19 SUITE 7
City-State-Zip: NEW PORT RICHEY FL 34652

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: CINDY MENHORN

PRESIDENT

05/28/2024

Electronic Signature of Signing Officer/Director Detail

Date