

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765101 (1)
 1. Corporation Name
CABANA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1582 GULF BLVD OFFICE CLEARWATER FL 34630 US	Mailing Address 1582 GULF BLVD OFFICE CLEARWATER FL 34630 US
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3. Date Incorporated or Qualified 09/17/1982	4. FEI Number 59-2186289	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33767	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33767	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KORWIN, KAY
 1582 GULF BLVD #1705 CLEARWATER FL 34630 **33767**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORWIN, KAY 1582 GULF BLVD #1705 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EWART, BILL 1582 GULF BLVD #1301 CLEARWATER FL 35630 <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLIFFORD, PENNY 1586 GULF BLVD #1606 CLEARWATER FL <input type="checkbox"/> DELETE	3.1 TITLE ASST SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, CAROL 1582 GULF BLVD #2604 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, VERONICA 1582 GULF BLVD #1703 CLEARWATER FL 34630 <input checked="" type="checkbox"/> DELETE	5.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Delbart Bressler 5.3 STREET ADDRESS 1582 Gulf Blvd # 1404 5.4 CITY-ST-ZIP Clearwater FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JIM 1582 GULF BLVD #1208 CLEARWATER FL 34630 <input checked="" type="checkbox"/> DELETE	6.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Fred hemmin 6.3 STREET ADDRESS 1582 Gulf Blvd # 1407 6.4 CITY-ST-ZIP Clearwater FL 33767

14. 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 annual report or supplemental annual 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 recelcyer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kay Korwin* 1/8/98
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E037 (10/97)