

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90012 015 ****61.25

DOCUMENT # 765101

1. Entity Name

CABANA CLUB CONDOMINIUM ASSOCIATION, INC.

80009937



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1582 GULF BLVD
 OFFICE
 CLEARWATER FL 33767
 US

1582 GULF BLVD
 OFFICE
 CLEARWATER FL 33767
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2186289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMILLER, RICHARD T
 1582 GULF BLVD #1206
 CLEARWATER FL 33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WISEMILLER, RICHARD T	
STREET ADDRESS	1582 GULF BLVD #1206	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, JIM	
STREET ADDRESS	1582 GULF BLVD #1208	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STYLES, DOUGLAS F	
STREET ADDRESS	1502 GULF BLVD 1704	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JONES, LINDA	
STREET ADDRESS	1582 GULF BLVD PH# 4	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, PETE	
STREET ADDRESS	1582 GULF BLVD #1108	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLARD, BILL	
STREET ADDRESS	1582 GULF BLVD #1301	
CITY-ST-ZIP	CLEARWATER FL 33767	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STYLES, GRETTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMONELLI, FRANK	
STREET ADDRESS	1582 GULF BLVD #1508	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **William K. Allard** Treasurer 1/08/02 727-596-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)