

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO5585**

1. Entity Name

CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, INC. **W 7844**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUN 23 PM 2:50

Principal Place of Business
3450 SCENIC HWY 98
DESTIN, FL 32541

Mailing Address
SUITE 208
12273 U.S. HIGHWAY 98
DESTIN, FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2798418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REINSTATEMENT 85-00
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WALTER D. SCOTT

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

12273 U.S. Highway 98

SUITE 208

City

DESTIN

FL

Zip Code

32541

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Walter D. Scott

WALTER D. SCOTT

3-6-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	Tom Petrosino	1179 Hollyheath Lane	Charlotte, NC 28209-2012	<input type="checkbox"/>
VP/D	DIETER Blasbichler	P.O. BOX 222	DESTIN FL 32541	<input type="checkbox"/>
SIT/D	BECKY JONES	2030 Country Squire	Marietta, GA 30062	<input type="checkbox"/>
D	Roger Sorenson	3093 Mildred DRIVE	Roseville, MN 55113	<input type="checkbox"/>
D	Thomas Ramsden	1625 Hargrove Road East	Tuscaloosa, AL 35405	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dieter Blasbichler
DIETER BLASBICHLER

Date

Daytime Phone #

03-6-00 (850)654-9071

CR2E037 (9/99)