

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05585

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3450 SCENIC HWY 98  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

10221 EMERALD COAST PKWY. W, STE 23  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

**FEI Number:** 59-2798418      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PKWY. W, STE 23  
MIRAMAR BEACH, FL 32550      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOWIE, PENNY  
Address: 4405 SMOKEY RD  
City-St-Zip: NEWMAN, GA 30263

Title: DS      ( ) Delete  
Name: BLASBICHLER, DIETER  
Address: P.O. BOX 222  
City-St-Zip: DESTIN, FL 32541

Title: VPD      ( ) Delete  
Name: PETROSINO, TOM  
Address: 1917 PARK RD.  
City-St-Zip: CHARLOTTE, NC 28203

Title: D      ( ) Delete  
Name: SORENSON, ROGER  
Address: 3093 MILDRED DRIVE  
City-St-Zip: ROSEVILLE, MN 55113

Title: DT      ( ) Delete  
Name: BLACK, GAIL  
Address: 8705 SWEET BLOSSOM CT.  
City-St-Zip: FT. WAYNE, IN 46835

Title: D      ( ) Delete  
Name: CLEMENS, PAT  
Address: 361 TOCCA PLACE  
City-St-Zip: JONESBORO, GA 30236

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY J BOWIE

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date