

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90041 018 ****61.25

DOCUMENT # N05585

1. Entity Name

**THE CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**3450 SCENIC HWY 98
 DESTIN FL 32541**

**12273 U.S. HIGHWAY 98
 SUITE 208
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1876



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number		Applied For	
		DESTIN, FL		59-2798418		<input type="checkbox"/>	
Zip		Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
32540		USA		<input type="checkbox"/>		\$8.75	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, WALTER D
 12273 U.S. HIGHWAY 98
 SUITE 208
 DESTIN FL 32541**

Name		Rodney V. Powers	
Street Address (P.O. Box Number is Not Acceptable)		319 Summit Drive	
City		FL	Zip Code
DESTIN			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: *Rodney Powers* **Rodney V. Powers** DATE: 02/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROSINO, TOM		NAME		
STREET ADDRESS	1179 HOLLYHEATH LANE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28209-2012		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASBICHLER, DIETER		NAME		
STREET ADDRESS	P.O. BOX 222		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BECKY		NAME		
STREET ADDRESS	2030 COUNTRY SQUIRE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30062		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, ROGER		NAME		
STREET ADDRESS	3093 MILDRED DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN 55113		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSDEN, THOMAS		NAME		
STREET ADDRESS	1625 HARGROVE ROAD EAST		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARD TVSKAS	
STREET ADDRESS			STREET ADDRESS	48 SHAWINDASSEE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	TIMBERLAKE, OH 44095	

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: *Dieter Blasbichler* **Dieter Blasbichler** DATE: 2-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)