


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90149 005 ****61.25

DOCUMENT # N05585

1. Entity Name
THE CABANA CLUB OF DESTIN OWNERS' ASSOCIATION, I NC.



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

Mailing Address
**PO BOX 1876
DESTIN FL 32540**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**10221 Emerald Coast Pkwy W
Suite, Apt. #, etc. Suite 23
City & State Destin
Country US**

4. FEI Number **59-2798418** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RODNEY, POWERS V
319 SUMMIT DRIVE
DESTIN FL 32541**

7. Name and Address of New Registered Agent
Name **Jay B. Gelder**
Street Address (P.O. Box Number Not Acceptable) **Emerald Coast Association Mgt.
10221 Emerald Coast Parkway West, S 23**
City **Destin** FL Zip Code **32550**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jay B. Gelder* DATE: **3/17/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. Ken Gumkowski 3998 10th Highland Pass Roswell, GA 30075 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jay B. Gelder* **SIGNATURE REQUIRED Director** DATE: **3/17/03** **850654-867**

CR2E037 (10/02)