

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023492

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CABANA POOLS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

4644 LITTLE RIVER LANE  
FT. MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50670  
FT. MYERS, FL 33994 US

**New Mailing Address:**

**FEI Number:** 26-4458114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTRACTORS REPORTING SERVICE, INC  
13795 N. NEBRASKA AVE  
TAMPA, FL 33613 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DERMODY, KEITH P  
Address: 4644 LITTLE RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905 US

Title: VP  
Name: OLSON, ROBBIN  
Address: 9969 TREASURE CAY LN  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH DERMODY

P

04/28/2010

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

\_\_\_\_\_ Date