

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747181

1. Entity Name

CATALINA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90109 002 \*\*\*\*70.00

Principal Place of Business

277 NE 201ST TERRACE  
MIAMI FL 33179-2949

Mailing Address

277 NE 201ST TERRACE  
MIAMI FL 33179-2950

2. Principal Place of Business

20031 NE 2nd PL.

3. Mailing Address

20031 NE 2nd PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

N. MIAMI FL

4. FEI Number

59-2105606

Applied For

Not Applicable

Zip

33179

Country

US

Zip

33179

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, MYRNA  
277 NE 201 TERRACE  
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name ASLAM ASHIQUEALI

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

20031 NE 2nd PL.

City N. MIAMI

FL

Zip Code 33179

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

3-23-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, MYRNA	
STREET ADDRESS	277 NE 201 TER.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOLFGANG, LINKA	
STREET ADDRESS	284 NE 200 TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLASH, LISE M	
STREET ADDRESS	270 NE 201 TER.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LINKA, LESLIE	
STREET ADDRESS	284 NE 201 TER.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHIQUEALI, ASLAM	
STREET ADDRESS	20031 NE 2 PL	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, SONIA	
STREET ADDRESS	288 NE 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT (P/A)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASLAM ASHIQUEALI	
STREET ADDRESS	20031 NE 2nd PL.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ROSE	
STREET ADDRESS	265 NE 201 Terr.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	BOARD MEMBER (B)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY MERSTEIN	
STREET ADDRESS	20028 NE 2nd Ct.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	BOARD MEMBER (B)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBOURNE G. MOWATT	
STREET ADDRESS	286 NE 201 Terr.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	BOARD MEMBER (B)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DELEON	
STREET ADDRESS	20038 NE 2nd PL.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a notary like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

305-372-8104

Daytime Phone #

CR2E037 (9/99)