## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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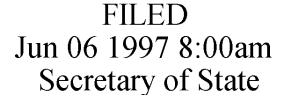
CATALINA COVE HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business

Mailing Address

14484 CATALINA CIRCLE

14484 CATALINA CIRCLE





SEMINOLE FL 34646					SEMINOLE FL 33776-1155									
									-	3. Date Incor 07/30	porated or Qua 0/1979	alified 3s. [	Date of Last F 03/25/19	Report <b>96</b>
2. Principal Place of Business				28	2a. Mailing Address					4. FEI Numbe	er 40000c		A	oplied For
21			26					59-2	130826			ot Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate	of Status Desir	ed 🗆		Additional equired	
_	City & State			City & State					6. Election C	ampaign Finan	cing	\$5.00	May Be	
23	<b>-</b>			28							Contribution			to Fees
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PELLICCIA, PAUL							Ļ	0			، ك	JAR	012	
14491 CATALINA CIRCLE				82 Street 1 4 4			Address (P.O. Box Number is Not Acceptable) 84 CATALINA CIRCLE							
SEMINOLE FL 34646						8	13							
							-	4 City					85 Zip	Code
										INOLE		F		Code 3776
<b>,11</b> .	Pursuant office or r	to the provisi	ons of Sections 617,050; ent, or both in the state by and section the oblige	2 and 6	317.1508, Flo	orida Statutes	s, the about	ove-named	corpora	tion submits the	his statement fo	or the purpose	of changing i	ts registered
	agent. I e	ım familiar w	and accept the oblige	tions o	75 oction 61	7.0503, Flor	ida Statu	es.	poralion	0 000,000,000	ر هاد الماد الم	1/20/0	<b>,</b>	Togistorou
SIGNATURE Signature: typed or printed here di regularied agegy and sele if applicable. (NOTE: Rogistered Agent signature required when reinstating)  DATE														
12.		Signature: typed	or printed mane di registered age			(NOTE:	13.	lgent signatur	e required w		CHANGES TO	OFFICERS AN	ID DIRECTOR	3S IN 12
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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.