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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748254 (0)

1. Corporation Name
CATALINA COVE HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business 14484 CATALINA CIRCLE SEMINOLE FL 34646	Mailing Address 14484 CATALINA CIRCLE SEMINOLE FL 33776-1155
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1979	3a. Date of Last Report 03/25/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2130826	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PELLICCIA, PAUL
14491 CATALINA CIRCLE
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name EDWARD J. JAROTZ

82 Street Address (P.O. Box Number is Not Acceptable)
14484 CATALINA CIRCLE

83

84 City SEMINOLE FL 85 Zip Code 33776

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/28/97**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	PELLICCIA, PAUL		
STREET ADDRESS	14491 CATALINA CIRCLE		
CITY-ST-ZIP	SEMINOLE FL 34646		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	SAUNDERS, HELEN		
STREET ADDRESS	14493 CATALINA CIRCLE		
CITY-ST-ZIP	SEMINOLE FL 34646		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	CHELLBERG, ROBERT		
STREET ADDRESS	9386 TRADEWINDS AVENUE		
CITY-ST-ZIP	SEMINOLE FL 34646		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	MEYERS, GAIL		
STREET ADDRESS	14497 CATALINA CIRCLE		
CITY-ST-ZIP	SEMINOLE FL 34646		
TITLE	AD	<input type="checkbox"/> DELETE	
NAME	JAROTZ, EDWARD J		
STREET ADDRESS	9476 TRADEWINDS AVENUE		
CITY-ST-ZIP	SEMINOLE FL 34646		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD J JAROTZ		
1.3 STREET ADDRESS	9476 TRADEWINDS AVE		
1.4 CITY-ST-ZIP	SEMINOLE FL 33776		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	SEMINOLE FL 33776		
3.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID ANTOLINI		
3.3 STREET ADDRESS	9382 TRADEWINDS AVE		
3.4 CITY-ST-ZIP	SEMINOLE FL 33776		
4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	RICHARD B. BERTHOLD		
4.3 STREET ADDRESS	9380 TRADEWINDS AVE		
4.4 CITY-ST-ZIP	SEMINOLE FL 33776		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	SEMINOLE FL 33776		
6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

CR2E037 (9/96)