

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra G. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748254 (0)
1. Corporation Name
CATALINA COVE HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business Mailing Address
14484 CATALINA CIRCLE SEMINOLE FL 34646 14484 CATALINA CIRCLE SEMINOLE FL 34646

3. Date Incorporated or Qualified
07/30/1979
4. FEI Number 59-2130826 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JAROTZ, EDWARD J
14484 CATALINA CIR
SEMINOLE FL 33776

10. Name and Address of New Registered Agent
81 Name Stanley Meyers
82 Street Address (P.O. Box Number is Not Acceptable) 14497 Catalina Circle
83 Seminole, FL 33776
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 _____ DATE 3/11/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD	<input type="checkbox"/>
NAME	SAUNDERS, HELEN	
STREET ADDRESS	14493 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	ANTOUNI, DAVID	
STREET ADDRESS	9382 TRADEWIND AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BERTHOLD, RICHARD B	
STREET ADDRESS	9380 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	JAROTZ, EDWARD J	
STREET ADDRESS	9476 TRADEWINDS AVENUE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	Helen Saunders		
1.3 STREET ADDRESS	14493 Catalina Circle		
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Stanley Meyers		
2.3 STREET ADDRESS	14497 Catalina Circle		
2.4 CITY-ST-ZIP	Seminole, F. 33776		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	K. Edward Renner		
3.3 STREET ADDRESS	14487 Catalina Circle		
3.4 CITY-ST-ZIP	Seminole, FL. 33776		
4.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Robert Chellberg		
4.3 STREET ADDRESS	9386 Tradewinds Ave,		
4.4 CITY-ST-ZIP	Seminole, FL, 33776		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Robert Perfetto		
5.3 STREET ADDRESS	9474 Tradewinds Ave.		
5.4 CITY-ST-ZIP	Seminole, FL. 33776		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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.

SIGNATURE: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR (813)596-6506
Daytime Phone # 0084183

CR2E037 (10/97)