

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90087 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748254**

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 34646
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2130826
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MEYERS, STANLEY**  
**14497 CATALINA CIRCLE**  
**SEMINOLE, FL**  
**SEMINOLE FL 33776**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME SAUNDERS, HELEN	
STREET ADDRESS 14493 CATALINA CIRCLE	
CITY-ST-ZIP SEMINOLE FL 33776	
TITLE PD	<input type="checkbox"/> DELETE
NAME MEYERS, STANLEY	
STREET ADDRESS 14497 CATALINA CIRCLE	
CITY-ST-ZIP SEMINOLE FL 33776	
TITLE SD	<input type="checkbox"/> DELETE
NAME RENNER, K EDWARD	
STREET ADDRESS 14487 CATALINA CIRCLE	
CITY-ST-ZIP SEMINOLE FL 33776	
TITLE TD	<input type="checkbox"/> DELETE
NAME CHELLBERG, ROBERT	
STREET ADDRESS 9386 TRADEWINDS AVE	
CITY-ST-ZIP SEMINOLE FL 33776	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PERFETTO, ROBERT	
STREET ADDRESS 9474 TRADEWINDS AVE	
CITY-ST-ZIP SEMINOLE FL 33776	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CURTIS, DAVID	
1.3 STREET ADDRESS 9476 TRADEWINDS AVE	
1.4 CITY-ST-ZIP SEMINOLE, FL 33776	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME WHITE, KAREN	
5.3 STREET ADDRESS 9344 TRADEWINDS AVE	
5.4 CITY-ST-ZIP SEMINOLE, FL 33776	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Stanley Meyers SIGNATURE REQUIRED Stanley Meyers 2/16/99 (727) 596-6506  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)