

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 049 ****61.25

DOCUMENT # 748254

1. Entity Name

CATALINA COVE HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business

Mailing Address

14484 CATALINA CIRCLE
 SEMINOLE FL 34646

14484 CATALINA CIRCLE
 SEMINOLE FL 33776-1155

C0017252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2130826**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

DATE **1/29/00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CURTIS, DAVID	
STREET ADDRESS	9476 TRADEWINDS AVE	
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	SD	<input type="checkbox"/> Delete
NAME	WHITE, KAREN	
STREET ADDRESS	9344 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *K Edward Renner* **Edward Renner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/25/00** (727)
 DAYTIME PHONE # **595-3887**