

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-18-2001 91239 001 ****61.25

DOCUMENT # 748254

LA

1. Entity Name

Catalina Cove Homeowners Association, Inc

Principal Place of Business

Mailing Address

c/o Sterling Management, Inc

2880 Scherzer Dr.

3. Mailing Address
 Suite, Apt. #, etc.
 Suite 840
 City & State
 St. Petersburg, FL
 Zip
 33716
 Country
 USA

Suite, Apt. #, etc.
 Suite 840

City & State
 St. Petersburg, FL

Zip
 33716

Country
 USA

Zip

Country

4. FEI Number

59-2130826

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: SEAN GALARIS
 Street Address (P.O. Box Number is Not Acceptable): c/o Sterling Management, Inc
 2880 Scherzer Dr. Suite 840
 City: St. Petersburg FL Zip Code: 33716

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

Sean Galaris

SEAN GALARIS

4-18-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE:

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 NAME STREET ADDRESS CITY-ST-ZIP	P. DIR Mike Goodson 9340 Tradewinds Ave Seminole, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. - Trustee Anne Lariviere 9442 Tradewinds Ave Seminole, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. DIR Sandra Lyth 14487 Catalina Circle Seminole, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. - DIR Dawn Hunt 14495 Catalina Circle Seminole, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Trustee Nick Kelson 14493 Catalina Circle Seminole, FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mike Goodson

Mike Goodson

4/19/01

727-299-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone