

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90289 002 \*\*\*\*61.25

**DOCUMENT # 748254**

1. Entity Name

**CATALINA COVE HOMEOWNERS' ASSOCIATION INC.**

Principal Place of Business

Mailing Address

2880 SCHERER DRIVE, SUITE 840  
 SAINT PETERSBURG FL 33716

2880 SCHERER DRIVE, SUITE 840  
 C/O STERLING MANAGEMENT, INC.  
 SAINT PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2130826

Applied For

Not Applicable

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

GALARIS, SEAN

2880 SCHERER DRIVE, SUITE 840  
 C/O STERLING MANAGEMENT, INC.  
 SAINT PETERSBURG FL 33716

Name

Roman & Roman

Street Address (P.O. Box Number is Not Acceptable)

2196 Main Street

Suite F

City

Dunedin

FL

Zip Code

34698

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

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

(NOTE: Registered Agent signature required when reinstating)

4/9/02

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 ☐ Delete  
 NAME DP  
 STREET ADDRESS GOODSON, MIKE  
 CITY-ST-ZIP 9340 TRADEWINDS AVE  
 SEMINOLE FL 33776

TITLE ☐ Change ☒ Addition  
 NAME President  
 STREET ADDRESS Karen White  
 CITY-ST-ZIP 9344 Tradewinds Ave  
 Seminole, FL. 33776

TITLE ☐ Delete  
 NAME VPT  
 STREET ADDRESS LARIVIERE, ANNE  
 CITY-ST-ZIP 9442 TRADEWINDS AVE  
 SEMINOLE FL 33776

TITLE ☐ Change ☒ Addition  
 NAME Secretary  
 STREET ADDRESS Louis Norton  
 CITY-ST-ZIP 9440 Tradewinds Ave  
 Seminole, FL. 33776

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS LYTH, SANDRA  
 CITY-ST-ZIP 14487 CATALINA CIRCLE  
 SEMINOLE FL 33776

TITLE ☐ Change ☒ Addition  
 NAME Karen Curtis - Treasurer  
 STREET ADDRESS 9476 Tradewinds Ave  
 Seminole, FL. 33776

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS HUNT, DAWN  
 CITY-ST-ZIP 14495 CATALINA CIRCLE  
 SEMINOLE FL 33776

TITLE ☐ Change ☒ Addition  
 NAME Director  
 STREET ADDRESS Michelle Rahn  
 CITY-ST-ZIP 14505 Catalina Circle  
 Seminole, FL. 33776

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS KELSO, NICK  
 CITY-ST-ZIP 14493 CATALINA CIRCLE  
 SEMINOLE FL 33776

TITLE ☒ Change ☐ Addition  
 NAME V.P.  
 STREET ADDRESS Kelso, Nick  
 CITY-ST-ZIP 14493 Catalina Circle  
 Seminole, FL. 33776

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

722-299-9555

Date

Daytime Phone #

CR2E037 (9/01)