


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90286 017 \*\*\*\*61.25


**DOCUMENT # 748254**  
 1. Entity Name  
**CATALINA COVE HOMEOWNERS' ASSOCIATION INC.**



Principal Place of Business      Mailing Address  
**2880 SCHERER DRIVE, SUITE 840**      **2880 SCHERER DRIVE, SUITE 840**  
**SAINT PETERSBURG FL 33716**      **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

19011703  
  
 MOORE      CR2E037 (11/03)  
 4. FEI Number      Applied For  
**59-2130826**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ELLEN HIRSCH DE HAAN**  
**2401 WEST BAY DRIVE**  
**414**  
**LARGO FL 33670**

7. Name and Address of New Registered Agent  
 Name Michael Bradney  
 Street Address (P.O. Box Number is Not Acceptable)  
28100 US Hwy 19 N. #300  
 City Clearwater      FL      Zip Code 33761

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Michael J. Bradney      DATE 4/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	KISLAK, JANE	
STREET ADDRESS	14499 CATALINA CIRCLE	
CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, DAVE	
STREET ADDRESS	9344 TRADEWINDS AVE	
CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNARDI, ANTHONY	
STREET ADDRESS	9340 TRADEWINDS AVE	
CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, RICHARD	
STREET ADDRESS	9440 TRADEWINDS AVENUE	
CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELSO, NICK	
STREET ADDRESS	14493 CATALINA CIRCLE	
CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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	Chris Oppinger	
STREET ADDRESS	14513 Catalina Circle	
CITY - ST - ZIP	Seminole, FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Curtis	
STREET ADDRESS	9476 Tradewinds Ave.	
CITY - ST - ZIP	Seminole, FL 33776	
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: Nick Kelso      DATE 4/1/04      DAYTIME PHONE # 727-596-4160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR