

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90085 002 ****61.25

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

Principal Place of Business	Mailing Address
2870 SCHERER DR N 100 SAINT PETERSBURG FL 33716	2870 SCHERER DR N 100 SAINT PETERSBURG FL 33716

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

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		7. Name and Address of New Registered Agent	
BRADY BRADY, MICHAEL 200 N PINE AVE STE A OLDSMAR FL 34677		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST KISLUK ☐ Delete	TITLE	JANE KISLUK ☒ Change ☐ Addition
NAME	KISLUK, JANE	NAME	JANE KISLUK
STREET ADDRESS	14499 CATALINA CIRCLE	STREET ADDRESS	14499 Catalina Circle Seminole FL 33776
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	VD ☒ Delete	TITLE	HARTMAN, RICHARD ☒ Change ☐ Addition
NAME	OPPANGER, CHRIS	NAME	HARTMAN, RICHARD
STREET ADDRESS	14513 CATALINA CIRCLE	STREET ADDRESS	14513 Catalina Circle
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	D ☒ Delete	TITLE	KEVIN WHELAN ☒ Change ☐ Addition
NAME	CHELLBERG, KITTY	NAME	KEVIN WHELAN
STREET ADDRESS	9386 TRADE WINDS	STREET ADDRESS	9416 TRADEWINDS AVE (TREASURER)
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D ☒ Delete	TITLE	CAROL ALVEY ☒ Change ☐ Addition
NAME	HARTMAN, RICHARD	NAME	CAROL ALVEY
STREET ADDRESS	9440 TRADEWINDS AVE	STREET ADDRESS	9342 Tradewinds Ave
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	Seminole FL 33776
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	KELSO, NICK	NAME	Bonnie L. Yarbrough
STREET ADDRESS	14493 CATALINA CIRCLE	STREET ADDRESS	14515 Catalina Circle
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	Seminole, FL 33776
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bonnie L. Yarbrough Bonnie L. Yarbrough 2/26/07 727-517-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #