

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37637 (8)

1. Corporation Name
313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% DAWN MCGOLDRICK
313 CATHERINE ST #1
KEY WEST FL 33041**

3. Date Incorporated or Qualified 04/13/1990	3a. Date of Last Report 06/05/1995
4. FEI Number 65-0244713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGOLDRICK, DAWN, GLORIA 313 CATHERINE ST #1 KEY WEST FL 33040				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOLDRICK, DAWN	1.2 NAME	
STREET ADDRESS	313 CATHERINE ST #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOHER, SHARRON	2.2 NAME	
STREET ADDRESS	313 CATHERINE ST #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, NANCY	3.2 NAME	BELLA EIBENSTEINER
STREET ADDRESS	313 CATHERINE ST #2	3.3 STREET ADDRESS	313 CATHERINE ST #3
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIBENSTEINER, BELLA	4.2 NAME	FLORES, NANCY
STREET ADDRESS	313 CATHERINE ST. #3	4.3 STREET ADDRESS	313 CATHERINE ST. #2
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAASSEN, SUSAN	5.2 NAME	
STREET ADDRESS	313 CATHERINE ST. #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARBURTON, THERESA	6.2 NAME	
STREET ADDRESS	313 CATHERINE ST. #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed (or on an attachment with an address).

SIGNATURE: *Bella Eibensteiner* **2/20/96** **520/622-5457**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Definite Phone #

CR2E037 (12/95)