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**Jan 27 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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	% DAWN MCGOLDRICK 313 CATHERINE ST #1 KEY WEST FL 33040-7504

3. Date Incorporated or Qualified 04/13/1990	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0244713	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	P <input type="checkbox"/> DELETE
NAME	MCGOLDRICK, DAWN
STREET ADDRESS	313 CATHERINE ST #1
CITY-ST-ZIP	KEY WEST FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BOOHER, SHARRON
STREET ADDRESS	313 CATHERINE ST #4
CITY-ST-ZIP	KEY WEST FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	EIBENSTEINER, BELLA
STREET ADDRESS	313 CATHERINE STREET #3
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLORES, NANCY
STREET ADDRESS	313 CATHERINE STREET #2
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLAASSEN, SUSAN
STREET ADDRESS	313 CATHERINE ST. #3
CITY-ST-ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WARBURTON, THERESA
STREET ADDRESS	313 CATHERINE ST. #2
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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. **Bella Eibensteiner**

SIGNATURE: *Bella Eibensteiner* **REQUIRED** 11/7/97 320622-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024820

CR2E037 (9/96)