

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90058 029 ****61.25

AVU47822

DO NOT WRITE IN THIS SPACE

DOCUMENT # N37637
1. Entity Name
 313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%DAWN MCGOLDRICK 313 CATHERINE ST. #1 KEY WEST, FL 33040	%DAWN MCGOLDRICK 313 CATHERINE ST. #1 KEY WEST, FL 33040-7504

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 65-0244713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGOLDRICK, DAWN, -GLORIA
 313 CATHERINE ST. #1
 KEY WEST, FL 33040

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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	BOOCHER, SHARON	
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 ST., #3	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGER, MELODY	
STREET ADDRESS	313 CATHERINE ST., #2	
CITY-ST-ZIP	KWY WEST, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAASSEN, SUSAN	
STREET ADDRESS	313 CATHERINE ST., #3	
CITY-ST-ZIP	KEY WEST, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Bella Eibensteiner* **4/4/01** **(520) 622-5457**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)