

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-18-2002 90034 007 ****61.25

DOCUMENT # N37637

1. Entity Name

313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Katey Quinn
~~DAWN MCGOLDRICK~~
 313 CATHERINE ST #1
 KEY WEST FL 33041

Mailing Address

~~DAWN MCGOLDRICK~~ *Katey Quinn*
 313 CATHERINE ST #1
 KEY WEST FL 33041

23116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0244713

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

Katey Quinn
~~MCGOLDRICK, DAWN, GLORIA~~
 313 CATHERINE ST #1
 KEY WEST FL 33040

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

Katey Quinn

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **MCGOLDRICK, DAWN**
 STREET ADDRESS **313 CATHERINE ST #1**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **President** Change Addition
 NAME *Katey Quinn*
 STREET ADDRESS **313 Catherine St. #1**
 CITY-ST-ZIP **Key West, Florida 33040**

TITLE **VD** Delete
 NAME **BOOHER, SHARRON**
 STREET ADDRESS **313 CATHERINE ST #4**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **Vice President** Change Addition
 NAME *Pam Adams*
 STREET ADDRESS **313 Catherine St. #2**
 CITY-ST-ZIP **Key West, Florida 33040**

TITLE **ST** Delete
 NAME **EIBENSTEINER, BELLA**
 STREET ADDRESS **313 CATHERINE STREET #3**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **REGER, MELODY**
 STREET ADDRESS **313 CATHERINE ST, #2**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLAASSEN, SUSAN**
 STREET ADDRESS **313 CATHERINE ST. #3**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 **REGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

(520) 622-5457

Daytime Phone #

CR2037 (9/01)