


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N37637

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



Principal Place of Business % KATEY QUINN 313 CATHERINE ST #1 KEY WEST, FL 33041 US	Mailing Address % KATEY QUINN 313 CATHERINE ST #1 KEY WEST, FL 33041 US
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04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

QUINN, KATEY
 313 CATHERINE ST #1
 KEY WEST, FL 33040

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINN, KATEY 313 CATHERINE ST #1 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, PAM 313 CATHERINE ST #2 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EIBENSTEINER, BELLA 313 CATHERINE STREET #3 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REGER, MELODY 313 CATHERINE ST, #2 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAASSEN, SUSAN 313 CATHERINE ST. #3 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000142961
 04/30/04-80072-016 61.25

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____