


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37637</b> 1. Entity Name 313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % PATRICIA A. EABLES 313 CATHERINE ST #3 KEY WEST, FL 33041 US	Mailing Address % PATRICIA A. EABLES 313 CATHERINE ST #3 KEY WEST, FL 33041 US
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08142006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

EABLES, PATRICIA A  
313 CATHERINE ST #3  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

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 2210 STAPLES AVENUE, NO. 2 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 EABLES, PATRICIA A 313 CATHERINE STREET #3 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGER, MELODY 100 BAY DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREHAN, JOSEPH M 313 CATHERINE ST. #3 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575651  
08/30/06-80002-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia A. Eables Secy-Trea 8-28-06 8-28-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia A. Eables