

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37637

FILED
May 02, 2007
Secretary of State

Entity Name: 313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% PATRICIA A. EABLES
313 CATHERINE ST #3
KEY WEST, FL 33041 US

New Principal Place of Business:

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

Current Mailing Address:

% PATRICIA A. EABLES
313 CATHERINE ST #3
KEY WEST, FL 33041 US

New Mailing Address:

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

FEI Number: 65-0244713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINN, KATEY
Address: 2210 STAPLES AVENUE, NO. 2
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: ADAMS, PAM
Address: 313 CATHERINE ST #2
City-St-Zip: KEY WEST, FL 33040

Title: ST () Delete
Name: EABLES, PATRICIA A
Address: 313 CATHERINE STREET #3
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: REGER, MELODY
Address: 100 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CREHAN, JOSEPH M
Address: 313 CATHERINE ST. #3
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURNS, DEBRA A
Address: P. O. BOX 4672
City-St-Zip: KEY WEST, FL 33041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. EABLES

ST

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date