

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37637

FILED  
May 01, 2009  
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 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
NO. 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: BURNS, DEBRA A  
Address: P. O. BOX 4672  
City-St-Zip: KEY WEST, FL 33041

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: ( ) 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:

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

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date