FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:14

DOCUMENT # N19848 (3)

1. Corporation Name
CATALINA HOMEOWNERS ASSOC. INC.

Principal Place of Business	Mailing Address
12079 SW 131 AVE MIAMI FL 33186	12079 SW 131 AVE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0011689 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOBRIN, DAVID 8900 SW 107 AVE STE 206 MIAMI FL 33176	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~CORPORA, BERLINDA~~	1.2 NAME	MARIA Rodriguez
STREET ADDRESS	~~0875 SW 221 TERRACE~~	1.3 STREET ADDRESS	9780 SW 222 TERR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CUFF, STAN	2.2 NAME	
STREET ADDRESS	22155 SW 97TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	VPD ☐ Change ☐ Addition
NAME	~~PIRKKALA, STEVEN~~	3.2 NAME	Tom WARDELL
STREET ADDRESS	~~9845 SW 222 TERR~~	3.3 STREET ADDRESS	22143 SW 97 ct.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, LINDA	4.2 NAME	
STREET ADDRESS	22173 SW 98TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	~~WARDELL, TOM~~	5.2 NAME	Jaffrey Reyes
STREET ADDRESS	~~22143 SW 97TH COURT~~	5.3 STREET ADDRESS	22213 SW 97 Court
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	~~RODRIGUEZ, MARIA~~	6.2 NAME	Steve PIRKKALA
STREET ADDRESS	~~9780 SW 222 TERRACE~~	6.3 STREET ADDRESS	9845 SW 222 Terr
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fl

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: +Maria D Rodriguez JAN 10 94 251-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000020

CATALINA HOMEOWNERS ASSOCIATION, INC.

OFFICERS AND DIRECTORS

TITLE:	D
NAME :	BRIAN ARENA
STREET ADDRESS:	9834 S.W. 222 TERRACE
CITY - ST- ZIP:	MIAMI, FL. 33190