FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State . DIVISION OF CORPORATIONS

1996

DOCUMENT # N19848

(3)

CATALINA HOMEOWNERS ASSOC. INC. Principal Place of Business 12079 SW 131 AVE MIAMI FL 33186 Mailing Address 12079 SW 131 AVE MIAMI FL 33186					
				3. Date Incorporated or Qualified 03/26/1987	3a. Date of Last Report 02/07/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0011689	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	Registered Agent
•			81 Na	me	
Kobrin, David 8 0 00 SW 107 Ave			82 Str	eet Adaress (P.O. Box Number is Not Acceptat	ole)
STE 206			83		
MIAMI FI			84 City	3	FL 85 Zip Code
or register familiar wit SIGNATURE	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florinth, and accept the obligations of, Sections of Sections of Sections of Sections of Sections of Provisions of Sections of Provisions agent Sections of Provisions of Provis	ida. Such change was authoriz tion 617.0503, Florida Statute	zed by the corporations.	d corporation submits this statement for the pun's board of directors. I hereby accept the app	rpose of changing its registered office continent as registered agent. I am
12.		ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 Trile		Change Addition
NAME	RODRIQUEZ, MARIA		1.2 NAME		
STREET ADDRESS	9780 SW 222 TERR		1.3 STREET AODR	ESS	
CiTY+ST+ZiP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2 1 TIT⊾E		Change Addition
NAME	CUFF, STAN		2 2 NAME		
STREET ADDRESS	22155 SW 97TH COURT		2.3 STREET ADOR	ESS	
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP		
TITLE	VPD	DELETE	3.1 THE		Change Addition
NAME	WARDELL, TOM		3.2 NAME		
STREET ADDRESS	2243 SW 97 CT		3 3 SIREET ADDR		milios mienies
CITY-ST-ZIP	MJAMI FL		3.4. CITY - ST - ZIP	2000017 -03/22/06 01	11772 - 1070 bears
TITLE	S D	DELETE	4 1 TITLE	**************************************	UNS ====U□D.Dhange □ Addition
NAME	nunez, linda		4. 2 NAME		
STREET ADDRESS	22173 SW 98TH COURT		4.3 STREET ADDR	ESS	
CITY-ST-ZIP	MIAMI FL	Mon exe	4.4 CITY - ST - ZIP	- 1050mp	Change Addition
TITLE	D	X OELETE	5 1 TITLE	DIRECTOR HACCIS	
NAME	REYES, JEFFREY		5 2 NAME	IBIS HACOS 1851 SW 221 TERR	•
STREET ADDRESS	22213 SW 97 COURT		5 3 SHEET ADDR		
CITY-ST-ZIP	MIAMI FL	DELETE	5 4 CT: Y - ST - ZIP 6 1 T: TLE	MIAMI, FL. 33190	Change Addition
TITLE	D DIDWALL OFFICE	Deceit	6.2 NAME		
NAME CTOTOL ADDDGGG	PIRKKALA, STEVE		63 SIREET ADDR	100	
STREET ADDRESS	9845 SW 222 TERR				
CITY-ST-ZIP 14. I do hereb	MIAMI FL by certify that the information supplied	with this filing is voluntarily fur	64 CITY-ST-ZIP mished and does not	qualify for the exemption stated in Section 119	9.07(3)(k), 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 16; if changed, or on an attachment with an address.

SIGNATURE: Maria & Ros Lucus Granding OFFICER OR DIRECTOR