FILE NOW: FILING FEE IS \$61.25

FILED May 05 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) CATAMARAN I, INCORPORATED Principal Place of Business Mailing Address 2400 S. OCEAN DRIVE 2400 S. OCEAN DRIVE 3. Date Incorporated or Qualified FT. PIERCE FL 34949 FT. PIERCE FL 34949 07/22/1977 4. FEI Number Applied For 59-1875874 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAHER, GEORGE H. Street Address (P.O. Box Number is Not Acceptable) 2400 S. OCEAN DR. 83 FT. PIERCE FL 34949 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 lamillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME WAGNER, HENRY 1.2 NAME Easton, John 2400 S. OCEAN DR. STREET ADDRESS 1.3 STREET ADDRESS 2400 S. Ocean Dr. FT. PIERCE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP Pierce, FL Change TITLE DELETE 2.1 TITLE Addition BARTON, MARJORIE NAME 2.2 NAME 2400 S. OCEAN DR. STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE 3.1 TITLE Addition TITLE BOYD, RICHARD 3.2 NAME HALLE 2400 S. OCEAN DR. 3.3 STREET ADORESS STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition **BLUMENTHAL, FANNY** 4. 2 NAME 2400 S. OCEAN DR. 4.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 comporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanded, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-\$T-ZIP

TITLE HALF

□ DELETE

561-489-0300

Change