

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90246 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N19848

1. Corporation Name

CATALINA HOMEOWNERS ASSOC. INC.
 Principal Place of Business
 13320 S.W. 128TH STREET
 MIAMI FL 33186

 Mailing Address
 13320 S.W. 128TH STREET
 MIAMI FL 33186


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		03/26/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0011689	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

 KOBRIN, DAVID
 8900 SW 107 AVE
 STE 208
 MIAMI FL 33176

10. Name and Address of New Registered Agent

 81 Name **Glen Colvin, CAM**
 82 Street Address (P.O. Box Number is Not Acceptable) **13388 SW 128 ST (Lakeview Mans)**
 83
 84 City **Miami** FL 85 Zip Code **33186**

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 familiar 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)

DATE

1-15-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D Craig James Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FAUNTLEROO, GEORGANNA			1.2 NAME	9834 SW 222 Terrace		
STREET ADDRESS	9849 SW 221 ST			1.3 STREET ADDRESS	Miami, FL 33190		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	D Yvonne Gunter Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ECHEGOEN, CARLOS			2.2 NAME	9756 SW 221 Terrace		
STREET ADDRESS	9803 SW 222 ST			2.3 STREET ADDRESS	Miami, FL 33190		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WETHERINGTON, ANN			3.2 NAME			
STREET ADDRESS	9801 SW 221 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAREN, BECKY			4.2 NAME			
STREET ADDRESS	9838 SW 221 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig James
 Date **1-01-99** Daytime Phone # **305-255-9058**

CR2E037 (11/98)