

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N19848

1. Entity Name

CATALINA HOMEOWNERS ASSOC. INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-31-2000 90001 020 ****61.25

Principal Place of Business Mailing Address
 8900 SW 107TH AVE., #206 8900 SW 107TH AVE., #206
 MIAMI FL 33176 MIAMI FL 33176-1451

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0011689

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOBRIN, DAVID A
 8900 SW 107TH AVE., STE 206
 MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
 NAME FAUNTLEROQ, GEORGINA
 STREET ADDRESS 9849 SW 221 ST
 CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Delete
 NAME ECHEGOQEN, CARLOS
 STREET ADDRESS 9803 SW 222 ST
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
 NAME JAMES, CRAIG
 STREET ADDRESS 9834 SW 222 TERR
 CITY-ST-ZIP MIAMI FL 33190

TITLE ST ☒ Delete
 NAME MCLAREN, BECKY
 STREET ADDRESS 9838 SW 221 ST
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
 NAME GUNTER, YVONNE
 STREET ADDRESS 9756 SW 221 TERR
 CITY-ST-ZIP MIAMI FL 33190

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
 NAME PIMENTEL, EDWARD
 STREET ADDRESS 22149 SW 97 CT. PD
 CITY-ST-ZIP MIAMI, FL 33190

TITLE V ☐ Change ☒ Addition
 NAME PIRKKALA, STEVEN
 STREET ADDRESS 9845 SW 222 TERRACE VPD
 CITY-ST-ZIP MIAMI, FL 33190

TITLE T ☐ Change ☒ Addition
 NAME CUFF, STANFORD TD
 STREET ADDRESS 22155 SW 97 CT.
 CITY-ST-ZIP MIAMI, FL 33190

TITLE S ☐ Change ☒ Addition
 NAME WILSON, COMER ANDERSON SD
 STREET ADDRESS 9768 SW 222 TERRACE
 CITY-ST-ZIP MIAMI, FL 33190

TITLE D ☐ Change ☒ Addition
 NAME WARDELL, THOMAS D
 STREET ADDRESS 22143 SW 97 CT.
 CITY-ST-ZIP MIAMI, FL 33190

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)