

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90061 001 ****61.25

DOCUMENT # N19848

1. Entity Name

CATALINA HOMEOWNERS ASSOC. INC.

Principal Place of Business

Mailing Address

8900 SW 107TH AVE., #206
 MIAMI FL 33176

8900 SW 107TH AVE., #206
 MIAMI FL 33176

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: FEE IS \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **PIMENTEL, EDWARD**
 STREET ADDRESS **22149 SW 97TH CT**
 CITY-ST-ZIP **MIAMI FL 33190** *President*

TITLE **JOHN J. RAMIREZ** ☐ Change ☒ Addition
 NAME **22137 SW 94 CT**
 STREET ADDRESS **MIAMI, FL 33190** *Director*
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **PIRKALA, STEVEN**
 STREET ADDRESS **9845 SW 222 TERR**
 CITY-ST-ZIP **MIAMI FL 33190**

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

TITLE **TD** ☐ Delete
 NAME **CUFF, STANFORD**
 STREET ADDRESS **22155 SW 97 CT**
 CITY-ST-ZIP **MIAMI FL 33190** *Treasurer*

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

TITLE **SD** ☒ Delete
 NAME **WILSON, COMER A**
 STREET ADDRESS **9768 SW 222 TERR**
 CITY-ST-ZIP **MIAMI FL 33190**

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

TITLE **D** ☐ Delete
 NAME **WARDELL, THOMAS**
 STREET ADDRESS **22143 SW 97 CT**
 CITY-ST-ZIP **MIAMI FL 33190** *Director*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

Stanford Cuff **2/27/2002** **253-1394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)