

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91205 033 ****61.25

DOCUMENT # N19848

1. Entity Name

CATALINA HOMEOWNERS ASSOC. INC.



Principal Place of Business

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

Mailing Address

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

11004818



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9780 SW 216 St

3. Mailing Address

9780 SW 216 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number **65-0011689**

Applied For

Not Applicable

Zip

33190

Country

U.S.A.

Zip

33190

Country

U.S.A.

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIMENTEL, EDWARD	
STREET ADDRESS	22149 SW 97TH CT	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIRKALA, STEVEN	
STREET ADDRESS	22137 SW 97 CT	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CUFF, STANFORD	
STREET ADDRESS	22155 SW 97 CT	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARDELL, THOMAS	
STREET ADDRESS	22143 SW 97 CT	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anglero, Oswaldo	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pimentel, Edward	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wardell, Thomas	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	GD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramirez, John	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Godfrey, Robert	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SICILIANO, EDUARDO **Oswaldo Anglero, President 04/15/03**

CR2E037 (10/02)