

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739712

**Entity Name:** CATAMARAN I, INCORPORATED

**Current Principal Place of Business:**

2400 S. OCEAN DRIVE  
FT. PIERCE, FL 34949

**Current Mailing Address:**

C/O ELLIOTT MERRILL  
835 20TH PL  
VERO BEACH, FL 32960

**FEI Number:** 59-1875874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSENBAUM, MOLLENGARDEN, JANSSEN & SIRACUSA  
250 AUSTRALIAN AVENUE SOUTH -5TH FLR  
WEST PALM BEACH, FL 33401 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHECHATKA, JULIAN  
Address        2400 S. OCEAN DR. #2341  
City-State-Zip: FORT PIERCE FL 34949

Title            SECRETARY  
Name            BERGMAN, JOANNE  
Address        2400 S OCEAN DR. #2334  
City-State-Zip: FT. PIERCE FL 34949

Title            TREASURER  
Name            DESBOROUGH, PAUL  
Address        2400 S. OCEAN DR. #2215  
City-State-Zip: FORT PIERCE FL 34949

Title            DIRECTOR  
Name            DASSO, PAUL  
Address        2400 S. OCEAN DR. #2335  
City-State-Zip: FORT PIERCE FL 34949

Title            DIRECTOR  
Name            MACDONALD, MARIETTA  
Address        2400 S. OCEAN DR. #2344  
City-State-Zip: FORT PIERCE FL 34949

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIAN CHECHATKA

**PRESIDENT**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date