

2020 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 SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 US**FEI Number:** 59-1875874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIGNATURE PROPERTY MANAGEMENT
CHRISTOPHER WADSWORTH
459 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 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:** CHRISTOPHER WADSWORTH

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHECHATKA, JULIAN
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

Title TREASURER
Name MCCASLIN, CHRIS
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

Title SECRETARY
Name GALLEY, KAREN
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

Title VP
Name BALLANTINE, GRAHAM
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR
Name BONACCI, STEVEN
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT ST LUCIE FL 34983

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

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date