

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748254

FILED
Feb 18, 2015
Secretary of State
CC0488524203

Entity Name: CATALINA COVE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
SAINT PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
SAINT PETERSBURG, FL 33716 US

FEI Number: 59-2130826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREADWAY FENTON, PLLC
1111 AVENIDA DEL CIRCO
B
VENICE, FL 34285 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: TREADWAY FENTON PLLC

02/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CHELLBERG, ROBERT
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title P
Name YARBROUGH, BONNIE L
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title VP
Name DEPASCALE, JULIA M
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title S
Name OEPPINGER, CHRISTOPHER
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title T
Name WISER, NANETTE
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
City-State-Zip: SAINT PETERSBURG FL 33716

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: BONNIE YARBROUGH

PRESIDENT

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date