

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37637

**Entity Name:** 313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC2499574153**

**Current Principal Place of Business:**

% PATRICIA A. EABLES  
313 CATHERINE ST #3  
KEY WEST, FL 33040

**Current Mailing Address:**

% PATRICIA A. EABLES  
313 CATHERINE ST #3  
KEY WEST, FL 33040 US

**FEI Number:** 65-0244713

**Certificate of Status Desired:** No

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

EABLES, PATRICIA A  
313 CATHERINE ST  
NO. 3  
KEY WEST, FL 33040 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 P  
Name CREHAN, JOSEPH M  
Address 313 CATHERINE STREET, NO. 3  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name ADAMS, PAM  
Address 313 CATHERINE ST #2  
City-State-Zip: KEY WEST FL 33040

Title ST  
Name EABLES, PATRICIA A  
Address 313 CATHERINE STREET #3  
City-State-Zip: KEY WEST FL 33040

Title D  
Name REGER, MELODY  
Address 313 CATHERINE STREET  
NO. 2  
City-State-Zip: KEY WEST FL 33040

Title D  
Name DIAZ, RUBEN  
Address 313 CATHERINE ST. #1  
City-State-Zip: KEY WEST FL 33040

*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:** PATRICIA A. EABLES

**SECY/TREA**

**04/30/2017**

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

\_\_\_\_\_  
Date