FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711949 (8)

1. Corporation Name
CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
140 SKYLARK AVE MERRITT ISLAND FL 32953	140 SKYLARK AVE MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: 12/14/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1631990 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MAURER, MRS AMELIA
140 SKYLARK AVE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	HERRMANN, ROBERT	1.2 NAME		
STREET ADDRESS	100 SKYLARK AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GRZYLL, LARRY	2.2 NAME		
STREET ADDRESS	1100 TYPOON DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	S P	3.1 TITLE		☒ Change ☐ Addition
NAME	THOMAS, CAROLYN	3.2 NAME		
STREET ADDRESS	930 WAIKIKI DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARRELL, JOHN	4.2 NAME		
STREET ADDRESS	810 MONTEGO BAY DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☒ Addition
NAME	SIEDEL, CARL	5.2 NAME	MARIAN LAMBERS	
STREET ADDRESS	455 CARIOCA COURT	5.3 STREET ADDRESS	1190 MONTEGO BAY DR.	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	S	6.1 TITLE		☐ Change ☒ Addition
NAME	FRANCES WATSON	6.2 NAME		
STREET ADDRESS	925 NEW HAMPTON WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRIT ISLAND, FL 32953	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Thomas 5/27/95 407-453-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000408