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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711949 (8)

1. Corporation Name

CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

140 SKYLARK AVE
MERRITT ISLAND FL 32953

140 SKYLARK AVE
MERRITT ISLAND FL 32953-3239

3. Date Incorporated or Qualified
12/14/1966

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1631990

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURER, MRS AMELIA
140 SKYLARK AVE
MERRITT ISLAND FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MINERVA, MIKE
STREET ADDRESS 435 CARRIOCA COURT
CITY-ST-ZIP MERRITT ISLAND FL

1.1 TITLE P Change Addition
1.2 NAME KENNETH SCHULZ
1.3 STREET ADDRESS 280 OAHU
1.4 CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE P DELETE
NAME THOMAS, CAROLYN
STREET ADDRESS 930 WAIKIKI DR.
CITY-ST-ZIP MERRITT ISLAND, FL 00000

2.1 TITLE S Change Addition
2.2 NAME CAROLYN THOMAS
2.3 STREET ADDRESS 820 WAIKIKI DR.
2.4 CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D DELETE
NAME CARRELL, JOHN
STREET ADDRESS 810 MONTEGO BAY DR.
CITY-ST-ZIP MERRITT ISLAND, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME LAMBERS, MARIAN
STREET ADDRESS 1180 MONTEGO BAY DR.
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME WATSON, FRANCES
STREET ADDRESS 925 NEW HAMPTON WAY
CITY-ST-ZIP MERRITT ISLAND FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020000

CR2E037 (9/96)

Amelia Maurer 409-452-3544