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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION. I

FILED Feb 10 1998 8:00am Secretary of State

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NC.														
Principal Plac	e of Busines	s		Mailing Addres	s				1400141 10001 4000 4000 1000 10010 101010		HIF BARKI WOOL	0 0		
140 SKYLARK A MERRITT ISLAN			140 SKYLARK AV MERRITT ISLAND	_				3. Date Incorporated or Qualified 12/14/1966						
ì								Ì	4. FEI Number	-		Applied For		
									59-163 1990			Not Applicable		
2. Principal P	lace of Busin	ess	2	a. Mailing Add	ress				5. Certificate of Status Desired			5 Additional		
21	# 444		26		U -1-							Required		
Suite, Apt.	#, 9 IC.		27	Suite, Apt. #	t, elc.				 Election Campaign Financin Trust Fund Contribution 	° 🗆		O May Be d to Fees		
City & Stat	е			City & State					7. Is this nonprofit corporation		rs associa			
23			28		·····					Yes	No			
Zip	}	Country		Zip	<u> </u>	Countr	У		8. This corporation owes or ha		_ ′			
24		and Address o	f Current Red		30	ـــــ			Personal Property Tax due J 10. Name and Address of New		Yes	∐ No		
	8, Italio	TITO AGOIDAN O	· Ourroin riog	interest Agent		81	Nan	10	10. Hallie and Address Of Hen	negistoreu	Agoin			
MALIBES	R, MRS AME	-1 1Δ				<u> </u>								
	LARK AVE	-Lin				82	Stre	et Addres	ss (P.O. Box Number is Not Acce	ptable)				
	ISLAND F	L 32953				83	1							
						84	City		·		85 Zi	ip Code		
	· .				T					<u> </u>				
i office or r	egistered ag	ent, or both, in t	he State of Flo	orida. Such cha	nge was auth	orized b	y the c	ed corpor orporatior	ration submits this statement for the statement for the statement of directors. I hereby ac	ne purpose o scept the app	f changing ointment	j its registered as registered		
	ım tamiliar wi	th, and accept t	ne obligations	of, Section 617	'.0503, Florid	a Statute	s.							
SIGNATURE .	Signature, typed	or printed name of reg	islated agent and ti	itle if applicable.	(NOTE: Re	gistered Ag	ent signa	beriuper erut	when reinstating)	DATE				
12.		OFFIC	ERS AND DIR			13.			ADDITIONS/CHANGES TO O	FICERS AND				
TITLE	D				ELETE	1.1 TITLE					L Change	e L. Addition j		
NAME	MINERVA		,			1.2 NAME						Į.		
STREET ADDRESS		RIOCA COUR Island Fl	ł			1.3 STREE		s						
CITY-ST-ZIP TITLE	S	ISDANU FL			ELETE	1.4 CITY -: 2.1 TITLE	S1-ZIP				Change	e Addition		
NAME	_	, CAROLYN				2.2 NAME						· / Addition		
STREET ADDRESS	830 WAII					2.3 STREE	T ADDRES	s						
CITY-ST-ZIP		ISLAND, FL (00000			2. 4 CITY-	-					ľ		
TITLE	D				ELETE	3.1 TITLE		1			Change	e 🔲 Addition		
NAME	CARRELI	L, JOHN				3.2 NAME								
STREET ADDRESS		ITEGO BAY D				3.3 STREE	T ADDRES	s						
CITY-ST-ZIP		ISLAND, FL (00000			3.4. CITY-	ST - Z(P							
TITLE	D			□D	ELETE	4.1 TITLE					L Change	e 🔲 Addition		
NAME		s, Marian	N.D.			4. 2 NAME								
STREET ADDRESS		NTEGO BAY	JH.			4.3 STREE		s				ł		
CITY-ST-ZIP TITLE	MERRILL	ISLAND FL			ELETE	4.4 CITY-5	ST-ZIP	+	·		Change	e Addition		
	r e∩⊔ui 7	KENNETH		L. 10	LLLIL	5.1 TITLE					CH Change	2 - Addition		
NAME Street address	280 OAH					5.2 NAME 5.3 STREE	T ADDOCO							
CITY-ST-ZIP		ISLAND FL			1	5.4 CITY-S		"						
TITLE	respectively.		· · · · · · · · · · · · · · · · · · ·	□ D	ELETE	6.1 TITLE	, - EIT	+			Change	e Addition		
NAME					ľ	6.2 NAME		1			-)		
STREET ADDRESS	•				i	6.3 STREET	ADDRES:	s						
CITY-ST-ZIP	1.					6.4 CITY - 9						-		
	ertify that the	information sur	plied with this	filing does not	qualify for th			ated in Se	ction 119.07(3)(i), Florida Statute	s. I further ce	rtify that th	ne information		

nontal annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in indicated on this annual report of supplemental annual report of supplemental annual report of floor of the corporation of the receiver of trustee empowers Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE: