


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90255 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711949**

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

Principal Place of Business 140 SKYLARK AVE MERRITT ISLAND FL 32953	Mailing Address 140 SKYLARK AVE MERRITT ISLAND FL 32953
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2. Principal Place of Business 21 <b>420 Carrioca Court</b>	2a. Mailing Address 26 <b>420 Carrioca Court</b>	3. Date Incorporated or Qualified <b>12/14/1966</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>-59-1631990</b>
City & State 23 <b>Merritt Island, FL</b>	City & State 28 <b>Merritt Island, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>32953</b>	Country 25 <b>USA</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29 <b>USA</b>	Zip 30 <b>32953</b>	Trust Fund Contribution

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

81 Name **Robert W. Weed**

82 Street Address (P.O. Box Number is Not Acceptable)  
**420 Carrioca Court**

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84 City **Merritt Island, FL**

85 Zip Code **32953**

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]* **Robert W. Weed, Treasurer** DATE **31 March 1999**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MINERVA, MIKE</b>	
STREET ADDRESS	<b>435 CARRIOCA COURT</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, CAROLYN</b>	
STREET ADDRESS	<b>830 WAIKIKI DR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRELL, JOHN</b>	
STREET ADDRESS	<b>810 MONTEGO BAY DR.</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMBERS, MARIAN</b>	
STREET ADDRESS	<b>1180 MONTEGO BAY DR.</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULZ, KENNETH</b>	
STREET ADDRESS	<b>280 OAHU</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert W. Weed</b>	
1.3 STREET ADDRESS	<b>420 Carrioca Court</b>	
1.4 CITY-ST-ZIP	<b>Merritt Island, FL 32953</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **Robert W. Weed, Treasurer** DATE **4 March 1999** DAYTIME PHONE # **(407) 452-6857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)