

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90178 009 ****61.25

DOCUMENT # 711949

1. Entity Name

CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

420 CARRIOCA COURT
 MERRITT ISLAND FL 32953
 US

420 CARRIOCA COURT
 MERRITT ISLAND FL 32953-6129
 US

2. Principal Place of Business

3. Mailing Address

280 OAHU DRIVE
 Suite, Apt. #, etc.
 MERRITT ISLAND FL
 City & State

280 OAHU DR.
 Suite, Apt. #, etc.
 MERRITT ISLAND, FL
 City & State



DO NOT WRITE IN THIS SPACE

Zip 32953 Country BREVARD

Country BREVARD

Zip 32953 Country BREVARD

Country BREVARD

4. FEI Number

59-1631990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEED, ROBERT W
 420 CARRIOCA COURT
 MERRITT ISLAND FL 32953

Name SCHULZ, KENNETH

Street Address (P.O. Box Number is Not Acceptable)
 280 OAHU DRIVE

City MERRITT ISLAND FL Zip Code 32953

8. 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 Kenneth Schulz, Pres. Kenneth Schulz DATE 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEED, ROBERT W	
STREET ADDRESS	420 CARRIOCA COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLYN	
STREET ADDRESS	830 WAIKIKI DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRELL, JOHN	
STREET ADDRESS	810 MONTEGO BAY DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERS, MARIAN	
STREET ADDRESS	1180 MONTEGO BAY DR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULZ, KENNETH	
STREET ADDRESS	280 OAHU	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABT, JANET	
STREET ADDRESS	1235 MONTEGO BAY DR. N.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CAROLYN	
STREET ADDRESS	830 WAIKIKI DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELL, JOHN	
STREET ADDRESS	810 MONTEGO BAY DR S.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARENCOZA	
STREET ADDRESS	840 NEW HAMPTON WAY	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZ, KENNETH	
STREET ADDRESS	280 OAHU DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, CAROL	
STREET ADDRESS	230 MONTEGO BAY CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH SCHULZ DATE 4/26/00 DAYTIME PHONE # 167-459-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

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Pg 2 of 2.

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US

Mailing Address

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MERRITT ISLAND FL 32953-6129
US

Attachment
DH 711949
D0047934



DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.

City & State

Zip

Country

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Zip Code

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T	WEED, ROBERT W	420 CARRIOCA COURT	MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/>
S	THOMAS, CAROLYN	830 WAIKIKI DR	MERRITT ISLAND, FL 00000	<input type="checkbox"/>
D	CARRELL, JOHN	810 MONTEGO BAY DR.	MERRITT ISLAND, FL 00000	<input type="checkbox"/>
D	LAMBERS, MARIAN	1180 MONTEGO BAY DR.	MERRITT ISLAND FL	<input type="checkbox"/>
P	SCHULZ, KENNETH	280 OAHU	MERRITT ISLAND FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CHAJA, Chris	775 RICHLAND	MERRITT ISLAND, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CHAJA, Sheri	775 RICHLAND	MERRITT ISLAND FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GAUDREAU, JEAN	490 SAN CRISTOBAL CT	MERRITT ISLAND 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MINERVA, MIKE	435 CARRIOCA	MERRITT ISLAND FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	OVERHUIS, BOB	280 OAHU DR	MERRITT ISLAND FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STRAUBE, PAT	290 SURESPRAY	MERRITT ISLAND, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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SIGNATURE: Kenneth Schulz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

Daytime Phone #

CR2E037 (9/99)