

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90115 027 ****61.25

DOCUMENT # 711949

1. Entity Name

CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, I

Principal Place of Business 280 OAHU DRIVE MERRITT ISLAND FL 32953 US	Mailing Address 280 OAHU DRIVE MERRITT ISLAND FL 32953 US
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40479



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1631990	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHULZ, KENNETH 280 OAHU DR MERRITT ISLAND FL 32953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 4/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABT, JANET 1235 MONTEGO BAY DR N MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN GAUDREAU 490 SAN CRISTOBAL CT. MERRITT ISLAND FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CAROLYN 830 WAIKIKI DR MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE MINERVA 435 CARRIOCA MERRITT ISLAND FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRELL, JOHN 810 MONTEGO BAY DR. MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARENCAH, 840 NEW HAMPTON WAY MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULZ, KENNETH 280 OAHU DR MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, CAROL 230 MONTEGO BAY CT MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **REQUIRED** 4/8/01 321-482-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)