

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90007 036 \*\*\*\*61.25

**DOCUMENT # 711949**

1. Entity Name

**CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business

**280 OAHU DRIVE  
MERRITT ISLAND FL 32953  
US**

Mailing Address

**280 OAHU DRIVE  
MERRITT ISLAND FL 32953  
US**

2. Principal Place of Business

3. Mailing Address

**740 First St**

**740 First St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Merritt Island, FL**

City & State

**Merritt Island, FL**

Zip

**32953**

Country

**US**

Zip

**32953**

Country

**US**

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

**SCHULZ, KENNETH  
280 OAHU DR  
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

**Sharon S. Ramsey**

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

**740 First Street**

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

**Sharon S. Ramsey Sharon S. Ramsey - Treasurer**

**4-2-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ABT, JANET 1235 MONTEGO BAY DR N MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, CAROLYN 830 WAIKIKI DR MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CARRELL, JOHN 810 MONTEGO BAY DR. MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAUDREAU, JEAN 490 SAN CRISTOBAL CRT MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHULZ, KENNETH 280 OAHU DR MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MINERVEA, MIKE 435 CARRIOCA MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Ed Fiannaca 255 Richland Merritt Island FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Cathy Dula 880 Wai Kiki Merritt Island FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Susan Frazier 250 Tiki Dr Merritt Island, FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Sharon S. Ramsey 740 First St. Merritt Island FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sharon S. Ramsey 4-2-02 449-9956**

Date

Daytime Phone #

CR2E037 (9/01)