FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

737492

(9)

CATALINA EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address					
400 CATALINA RD.		P.O. BOX 320633					
COCOA BOH F	FL 32931	COCOA BCH FL 32932-0633	3				
					3. Date incorporated or Qualified 12/09/1976	3a. Date of Last Report 03/18/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1728226	Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	ө	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in		
24	26		30			Yes No	
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
			81	Name			
	U, JACQUELYN		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	Talina RD		-				
#101			83				
COCOA	BEACH FL 32931		84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute:	s, the above	-named corp	poration submits this statement for the pu		ed
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was au Hons of, Section 617.0503, Flor	uthorized by ida Statutes	the corporat	oration submits this statement for the pu ion's board of directors. I hereby accept		Ė
SIGNATURE .	Signature, typeday printed name by registered age	acovor:	TACQUEL	YN IA	COVOU 4-/	9-97	_
12.	OFFICERS AN	D DIRECTORS	13.	ır sığırarcı e redon	ADDITIONS/CHANGES TO OFFICE		
TITLE	STD	DELETE	1,0 TOTLE		TO STREET OF THE SECOND STREET	Change Additi	ion
NAME	ZEMELKA, PETER J		1.2 NAME				
STREET ADDRESS	P. O. BOX 321234 N/A		1.8 STREET A	ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32932-12	34	1.4 CITY-ST				
TITLE	PD	DELETE	2.1 TITLE			Change Additi	ion
NAME	IACOVOU, JACQUELYN		2.2 NAME			_ ,	
STREET ADDRESS	400 CATALINA RD #101		2.8 STREET A	ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-S1	- ZIP	•		
TITLE	VD ,	DELETE	3.1 TITLE			☐ Change ☐ Additi	ion
NAME	CHADWICK SANDRA	•	3.2 NAME			_ ,	
STREET ADDRESS	400 CATALÍNA RD. #202		3.3 STREET /	ADDRESS			
CITY-ST-ZIP	COCOA/BEACH FL 32931		3.4. C(TY - S1	r- ZIP			
TITLE	VD	DELETE	4.1 TITLE			☐ Change ☐ Additi	ion
NAME	Barbara Kool	100	4. 2 NAME				
STREET ADDRESS	Barbara Kool 400 CATALINA RO #	100	4.3 STREET A	ADDRESS			
CITY-ST-ZIP	COCOA BEACH, FL 3	3a931	4.4 CITY-ST	- ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Additi	ion
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			54 CHY-ST				
TITLE		☐ DELETE	61 TITLE			Change Additi	on
RAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
CITY-ST-ZIP			6 A CITY ST				

-ST-ZIP

| 64 CITY-ST-ZIP |
| 1 do 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.

FILED

May 05 1997 8:00am

Secretary of State