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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737492

1. Corporation Name

CATALINA EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 400 CATALINA RD.
 COCOA BCH FL 32931

Mailing Address
 P.O. BOX 320633
 COCOA BCH FL 32932-7633



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/09/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1728226

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IACOVOU, JACQUELYN
 400 CATALINA RD
 101
 COCOA BEACH FL 32931

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE STD
 NAME ZEMELKA, PETER J
 STREET ADDRESS P. O. BOX 321234 N/A
 CITY-ST-ZIP COCOA BEACH FL 32932-1234

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE PD
 NAME IACOVOU, JACQUELYN
 STREET ADDRESS 400 CATALINA RD #101
 CITY-ST-ZIP COCOA BEACH FL 32931

2.1 TITLE PD Change Addition
 2.2 NAME STANLEY FREAS
 2.3 STREET ADDRESS 367 CARRI RD
 2.4 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VD
 NAME KOOL, BARBARA
 STREET ADDRESS 400 CATALINA RD #102
 CITY-ST-ZIP COCOA BEACH FL

3.1 TITLE D CHADWICK, SANDRA Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 400 CATALINA RD #202
 3.4 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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]* SIGNATURE REQUIRED FREAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-83-7402

CR2E037 (11/98)