

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90072 004 \*\*\*\*61.25

**DOCUMENT # 737492**

1. Entity Name

**CATALINA EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

400 CATALINA RD.  
 COCOA BCH FL 32931

P.O. BOX 320633  
 COCOA BCH FL 32932-0633

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

**59-1728226**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JAGOVU, JACQUELYN  
 400 CATALINA RD  
 101  
 COCOA BEACH FL 32931~~

Name **PETER ZEMELKA**

Street Address (P.O. Box Number is Not Acceptable)  
**400 CATALINA RD #103, P.O. BOX 321234**

City **Cocoa Beach**

**FL**

Zip Code **32932-1234**

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 *Peter Zemelka*

**3-25-00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD**  Delete  
 NAME **ZEMELKA, PETER J**  
 STREET ADDRESS **P. O. BOX 321234, N/A** *400 Catalina Rd #103*  
 CITY-ST-ZIP **COCOA BEACH FL 32932-1234**

TITLE **STD**  Change  Addition  
 NAME **ZEMELKA, PETER J**  
 STREET ADDRESS **400 Catalina Rd #103, P.O. Box 321234**  
 CITY-ST-ZIP **Cocoa Beach, FL 32932-1234**

TITLE **PD**  Delete  
 NAME **FREAS, STANLEY**  
 STREET ADDRESS **367 CAPRI RD**  
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CHADWICK, SANDRA**  
 STREET ADDRESS **400 CATALINA RD 202**  
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Edith Curtis**  
 STREET ADDRESS **400 Catalina Rd #204, P.O. Box 320874**  
 CITY-ST-ZIP **Cocoa Beach, FL 32932-0874**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **JEFF LANDERS**  
 STREET ADDRESS **400 Catalina Rd #205**  
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Beth Jones**  
 STREET ADDRESS **982 sycamore Dr.**  
 CITY-ST-ZIP **Rockledge, FL 32955**

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: *Peter Zemelka* **REQUIRED**

**3-25-00**

**407-783-9245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)