FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 745644 (5)

CATALONIA LAKE VILLAS HOMEOWNERS ASSOCIATION, IN

Principal Place of Business Mailing Address



C/O THE CONTINENTAL GROUP. INC. 12079 S.W. 131 AVE. MIAMI. FL 33186		12079 S.W. 131 AVE.	C/O THE CONTINENTAL GROUP, INC. 12079 S.W. 131 AVE. MIAMI, FL 33186				
		Minimi. 12 coroc			 Date Incorporated or Qualified 01/22/1979 	3a. Date of Last Report 04/27/1995	
<u></u>	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
[21]		26			59-2023248	Not Applicable	
Suite, Apt. i		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	. • _	
24 25 29 30 9. Name and Address of Current Registered Agent			30		Florida Statutes		
9. Name and Address of Current Registered Agent				Name	TO, Italine and Address of New Ne	Sistered Agent	
LIVEARE	MICHAEL L ESQ						
	T FLAGLER ST.		82	Street Ad	ldress (P.O. Box Number is Not Acceptable)	
	OR COURTHOUSE		83				
MIAMI F	L 33130		84	City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statute Florida, Such change was authorize	s, the above-	named corp	oration submits this statement for the purp	ose 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	Standard, typed or printed name of registered	X			ered when reinstating)	1/23/96	
12.		SAND DIRECTORS	13.	int signature requ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	PD	DEFELE	1 1 TITLE			Change Addition	
NAME	MEDINA, CAROLYN	_	1.2 NAME				
STREET ADDRESS	14309 S.W. 62ND ST.		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	MIAMI FL 33183		1.4 C(TY-	ST-ZIP			
THILE	VPD	DELETE	2 1 TITLE			Change Addition	
NAME	GILL, CLARINDA		2 2 NAME				
STREET ADDRESS	14231 SW 62ND ST			T ADDRESS			
CITY-ST-ZIP TITLE			2 4 CITY- 3 1 TITLE	ST-ZIP		Change Addition	
NAME	PINTAR, FRANK	Plotter	3.2 NAME			Fill comings Fill vegition	
STREET ADDRESS	14367 SW 62ND ST			T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		3 4. CITY				
THILE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	O'SHESKY, DAN		4 2 NAME	:			
STREET ADDRESS	14391 SW 62ND ST		4.3 STREE	T ADDRESS			
CITY - ST - ZIP	MIAMI FL 33183	Don see	4.4 C/TY-			F30 #31	
TITLE	TO ALBERTO	DELETE	5 1 TITLE	, -		Change 😰 Addition	
NAME STREET ADDRESS	COLLAZO, ALBERTO 14257 S.W. 62ND ST.		5.2 NAME		HOLTHUS, GARY 14375 SW 62 STREET		
CITY-ST-ZIP	MIAMI FL 33183		5.3 STREE	I .			
TITLE	O COLO	DELETE	61 TITLE	1)	MIAMI, FL 33183	Change Addition	
NAME	RECOGNICACE OF THE PARTY OF THE	-	6.2 NAME	E	HARPENTIER, BERTA		
STREET ADDRESS	XXXXXXXXXXXXX		63 STREE		4273 SW 62 ST		
CITY-ST-ZIP	MINIMPERSONER		64 CHTY-		IAMI. FL 33183		
14 Lee bores		diad unith this files is valuatorily fursi	مام لمصم امسام	غام بم همم مه	for the exemption stated in Costion 110.0	(7/2)/Id. Florido Ptotutos, Lifurthos	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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 changes or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR