

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 008 ****61.25

DOCUMENT # 748254

1. Entity Name

CATALINA COVE HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business

2880 SCHERER DRIVE, SUITE 840
SAINT PETERSBURG FL 33716

Mailing Address

2880 SCHERER DRIVE, SUITE 840
C/O STERLING MANAGEMENT, INC.
SAINT PETERSBURG FL 33716

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

59-2130826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, MICHAEL
28100 US HWY 19 N #300
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	KISLAK, JANE	
STREET ADDRESS	14499 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPPANGER, CHRIS	
STREET ADDRESS	14513 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNARDI, ANTHONY	
STREET ADDRESS	9340 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, KAREN	
STREET ADDRESS	9476 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELSO, NICK	
STREET ADDRESS	14493 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Hartman	
STREET ADDRESS	9440 Tradewinds Ave	
CITY-ST-ZIP	Seminole Fl. 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #