

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90081 033 \*\*\*\*61.25

**DOCUMENT # 749884**

1. Entity Name  
**CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION.**

*OR*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3350 10TH ST., NORTH  
 NAPLES FL 34103**

Mailing Address  
**C/O JANICE MULFORD  
 3350 10TH STREET. N. #1108  
 NAPLES FL 34103-3882  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country  
**34103-3825 US**

4. FEI Number **59-2004457**

Applied For.  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOORE PROPERTY MANAGEMENT, INC.  
 745 12TH AVE SOUTH  
 SUITE D  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 Name  
**c/o Janice M. Mulford**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Catalina at High Point Condominium Assoc**  
**3350 10th Street N #1108**  
 City  
**Naples FL** Zip Code  
**34103-3825**

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 *Janice M. Mulford* DATE *7/10/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**\* FILE NOW: FEE IS \$61.25  
 After September 13, 2000 min. will be \$236.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DILL, BETTY	
STREET ADDRESS	3350 10TH ST. N. #1105	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLITO, FRED	
STREET ADDRESS	3350 10TH ST NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULFORD, JANICE	
STREET ADDRESS	3350 10 ST N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHISLER, JAMES	
STREET ADDRESS	3370 10TH ST N #1305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MILDRED	
STREET ADDRESS	3350 10TH ST NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KathleenA Massaro	
STREET ADDRESS	3370 10th Street N #1308	
CITY-ST-ZIP	Naples FL 34103	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polly W. Butler	
STREET ADDRESS	3350 10th Street N #1104	
CITY-ST-ZIP	Naples FL 34103	
TITLE	Rochelle McCarthy VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3370 10th Street N #1309	
CITY-ST-ZIP	Naples FL 34103	
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 *Janice M. Mulford* DATE *7/10/00* DAYTIME PHONE # *94-436-3777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)