

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 PM 3:52

**DOCUMENT # 769026 (6)**  
1. Corporation Name  
**CATALINA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1303 S ATLANTIC AVE. DAYTONA BCH FL 32118-4803**      **1303 S ATLANTIC AVE. DAYTONA BCH FL 32118-4803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/21/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**GANDY, BERNADETTE  
1631 WOODMAR DR.  
DAYTONA BCH FL 32124**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GANDY, BERNADETTE
STREET ADDRESS	1631 WOODMAR DR.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	VPD
NAME	DESRUISSEAU, ROGER
STREET ADDRESS	803 BRIMFIELD CT
CITY - ST - ZIP	PT ORANGE FL
TITLE	D
NAME	BONAR, JAMES
STREET ADDRESS	2805 KINGS DEER ROAD
CITY - ST - ZIP	WINTER PARK FL
TITLE	ST
NAME	PALLO, GEORGE
STREET ADDRESS	565 LANCASTER AVENUE
CITY - ST - ZIP	ORANGE CITY FL
TITLE	D
NAME	STRIPLING, LEE B
STREET ADDRESS	573 PINE ST
CITY - ST - ZIP	NEPTUNE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D. JACK KAUFFMAN
53 STREET ADDRESS	4270 CARLYSLE AVE. DIRECTOR
54 CITY - ST - ZIP	TITUSVILLE FL 32780
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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)(b), 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.

SIGNATURE Bernadette Gandy Pres. **BERNADETTE GANDY** Date **6-7-95** Daytona Phone # **904-258-6741**

CR2E037 (3/95)