NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769026

Corporation Name

CATALINA BEACH CLUB CONDOMINIUM ASSOCIATION.INC.

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

1303 S ATLANTIC AVE. DAYTONA BCH. FL 32118-4803

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						Q111 810 11 414 11 1		
2. 21	Principal Place of Business	2a. Mailing Address			 Date Incorporated or Qualifed 06/21/1983 			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2342835		- Applied For - Not Applicable	
23	City & State	City & State			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24	Zip Country	Zip Co 29 30	untry		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GANDY, BERNADETTE SERVICE PASS POINT DR.			81					
			83					
TO SAIL TO				City		FL	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.

•				1							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	DELETE	1.1 TITLE	☐ Ch	ange							
NAME	GANDY, BERNADETTE 5970 SAWGRASS	1.2 NAME									
STREET ADDRESS	Construction SA 10 SAMEKHSS	1.3 STREET ADDRESS									
CITY-ST-ZIP	PORT ORANGE FL-92124 32/24-7320	1.4 CITY+ST+ZIP									
TITLE	VP DELETE	2.1 TITLE	□ Ch	ange Addition							
NAME	DESRUISSEAUX, ROGER	2.2 NAME									
STREET ADDRESS	803 BRIMFIELD CT	2.3 STREET ADDRESS	-								
CITY-ST-ZIP	PT ORANGE FL 32127	2, 4 CITY-ST-ZIP									
TITLE	D DELETE	3.1 TITLE	□ Ch	ange							
NAME	BONAR, JAMES	3.2 NAME		•							
STREET ADDRESS	2805 KINGS DEER ROAD	3.3 STREET ADDRESS		;							
CITY-ST-ZIP	WINTER PARK FL 32792-4311	3.4. CITY-ST-ZIP									
TITLE	ST DELETE	4.1 TITLE	□ Ch	ange							
NAME	PALLO, GEORGE	4.2 NAME									
STREET ADDRESS	565 LANCASTER AVENUE	4.3 STREET ADDRESS									
CITY-ST-ZIP	ORANGE CITY FL 32763	4.4 CITY-ST-ZIP									
TITLE	D DELETE	5.1 TITLE	[□ Ch	ange 🗀 Addition							
NAME	KAUFFMAN, JACK	5.2 NAME									
STREET ADDRÉSS	4270 CARLYSLE AVENUE	5.3 STREET ADDRESS									
CITY-ST-ZIP	TITUSVILLE FL 32780	5.4 CITY-ST-ZIP									
TITLE	DELETE	6.1 TITLE	☐ Ch	iange							
NAME		6.2 NAME									
STREET ADDRESS		6.3 STREET ADDRESS									
CITY-ST-ZIP		6.4 CITY-ST-ZIP									

14. 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 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, with all other like empowered.

SIGNATURE:

TORE AND TYPED OR PRINTED NAME OF STORING OF PICER OR DIRECTOR

(904) 253-6741

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