


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90271 019 \*\*\*\*70.00

DOCUMENT # **N00000002757**

1. Entity Name  
**CATALINA BAY AT MONARCH LAKES ASSOCIATION, INC.**



Principal Place of Business  
**7975 NW 154TH STREET, SUITE 400  
MIAMI LAKES, FL 33016**

Mailing Address  
**7975 NW 154TH STREET, SUITE 400  
MIAMI LAKES, FL 33016**

**55041381**



2. Principal Place of Business  
**8950 NORTH 28<sup>TH</sup> Terrace**

3. Mailing Address  
**8950 N. 28<sup>TH</sup> Terrace**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood, FL 33020**

City & State  
**Hollywood, FL 33020**

Zip  
**33020**

Country  
**Browd.**

Country  
**Browd.**

4. FEI Number  
**05-1084600**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KATZMAN & KORR, P.A.  
5581 WEST OAKLAND PARK BLVD., 2ND FL.  
LAUDERHILL FL 33013**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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	<b>2nd Vice President</b> <input type="checkbox"/> Delete
NAME	<b>HENSLEY, TREY</b>
STREET ADDRESS	<b>14121 SW 31 STREET</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>
TITLE	<b>President</b> <input type="checkbox"/> Delete
NAME	<b>BURDEN, KEVIN</b>
STREET ADDRESS	<b>14092 SW 32 STREET</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>
TITLE	<b>Vice President</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, BRIDGLE</b>
STREET ADDRESS	<b>3104 SW 142 AVENUE</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> Delete
NAME	<b>DAVID GILKES</b>
STREET ADDRESS	<b>14087 SW 32 ST.</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>TIMOTHY HOPSON</b>
STREET ADDRESS	<b>3013 SW 142 AVE</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>2nd Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRED **4/22/07**  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #