


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

55041381



2. Principal Place of Business 3. Mailing Address
8950 NORTH 28TH Terrace **8950 N. 28TH Terrace**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
Hollywood, FL 33020 **Hollywood, FL 33020** **05-1084600** Not Applicable

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

33020 **Brwd.** **33020** **Brwd.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KATZMAN & KORR, P.A.
5581 WEST OAKLAND PARK BLVD., 2ND FL.
LAUDERHILL FL 33313

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd Vice President HENSLEY, TREY 14121 SW 31 STREET MIRAMAR FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President BURDEN, KEVIN 14092 SW 32 STREET MIRAMAR FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President BROWN, BRIDGLE 3104 SW 142 AVENUE MIRAMAR FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary DAVID GILKES 14087 SW 32 ST. MIRAMAR, FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer TIMOTHY HOPSON 3013 SW 142 AVE MIRAMAR, FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Date: 4/22/07 Daytime Phone # _____

CR2E037 (10/02)