

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

FILED

02 JUL 23 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005972

1. Entity Name

~~Catalina Park Association, Inc.~~
Catalina Park Community Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

394 Sunnyview Circle

3. Mailing Address

394 Sunnyview Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip 32810

Country
Orange

Zip 32810

Country
Orange

DO NOT WRITE IN THIS SPACE

05-21-02 91166 016 \$70.00

4. FEI Number

59-3747162

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XPS

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Carolyn Atkins

Street Address (P.O. Box Number is Not Acceptable)
394 Sunnyview Circle

Orlando

32810

**DO NOT WRITE
IN THIS SPACE**

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.

Carolyn Atkins

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anna McKenzie 251 Amador Circle Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carolyn Washington 327 Amador Circle Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ernestine McWhite 269 Amador Circle Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carolyn Atkins 394 Sunnyview Circle Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert White 477 Sunnyview Circle Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl Carroll 532 Katherine Street Orlando, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Anna McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(407) 659-0043

Daytime Phone #

CR2E037B (12/01)