

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

1/1

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90143 037 \*\*\*\*61.25

**DOCUMENT # N02000000293**

1. Entity Name

**LAS CATALINAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2306 BEACH TRAIL  
INDIAN ROCKS BEACH FL 33785**

**2306 BEACH TRAIL  
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOWERS, CATHY C  
2306 BEACH TRAIL  
INDIAN ROCKS BEACH FL 33785**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **DPT** ☐ Delete  
NAME **STOWERS, CATHY C**  
STREET ADDRESS **2306 BEACH TRAIL**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HINKLE, JONATHAN**  
STREET ADDRESS **875 HYDE PARKE BLVD., #108**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **Dir/sec Hinkle, Jonathan** ☒ Change ☐ Addition  
NAME **c/o 4811 Row Circle**  
STREET ADDRESS **Lakeland, FL 33805**  
CITY-ST-ZIP

TITLE **DS** ☒ Delete  
NAME **YOUNG, KURT**  
STREET ADDRESS **1310 HAMMOCK PINE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **Jim T. Shiver**  
STREET ADDRESS **P.O. BOX 1392**  
CITY-ST-ZIP **EATON PARK FL 33840**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stacy C. Stowers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-365-2036**

CR2E037 (10/02)