

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

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

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

DOCUMENT # **N02000000293**

1. Entity Name

LAS CATALINAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2306 BEACH TRAIL
 INDIAN ROCKS BEACH FL 33785

Mailing Address

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

Zip

Country

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

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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

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

Change Addition

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

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 HINKLE, JONATHAN
 875 HYDE PARKE BLVD., #108
 LAKELAND FL 33805**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DS
 YOUNG, KURT
 1310 HAMMOCK PINE BLVD.
 CLEARWATER FL 33761**

Delete

TITLE
 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: *S. Stowers, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-365-2036

Date

Daytime Phone #

CR2E037 (10/02)