

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

0000024

DOCUMENT # **N02000009138**



1. Entity Name
CATALINA LAKES TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

FILED

03 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7975 NW 154TH ST., STE. #400
MIAMI LAKES FL 33016

Mailing Address
7975 NW 154TH ST., STE. #400
MIAMI LAKES FL 33016



2. Principal Place of Business
c/o CCM, Inc.
Suite, Apt. #, etc.
10034 W McNab Rd

3. Mailing Address
c/o CCM, Inc.
Suite, Apt. #, etc.
10034 W McNab Rd

CHECK HERE IF MAKING CHANGES

City & State
TAMARAC, FL

City & State
TAMARAC, FL

4. FEI Number
Applied For
Not Applicable

Zip
33321 Country

Zip
33321 Country

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

6. Name and Address of Current Registered Agent
BRIELE, ROBERT
7975 NW 154TH ST., STE. #400
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent
Name
JAMES R. Miles
Street Address (P.O. Box number is Not Acceptable)
c/o CCM, Inc.
10034 W McNab Rd
City
TAMARAC FL Zip Code
33321

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 **3/18/03**
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 NAME STREET ADDRESS CITY-ST-ZIP	STD BRIELE, ROBERT 7975 NW 154TH ST., STE. #400 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, DONALD 7975 NW 154TH ST., STE. #400 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRIERO, THEMIS 7975 NW 154TH ST., STE. #400 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700017847387 05/01/03--01087--012 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robert Briele, PRES.**

CR2E037 (10/02)