

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19848** (3)

1. Corporation Name

CATALINA HOMEOWNERS ASSOC. INC.



Principal Place of Business

Mailing Address

**12079 SW 131 AVE
MIAMI FL 33186**

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MIAMI FL 33186**

3. Date Incorporated or Qualified
03/26/1987

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0011689

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBRIN, DAVID
8000 SW 107 AVE
STE 206
MIAMI FL 33176**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RODRIGUEZ, MARIA**
STREET ADDRESS **9780 SW 222 TERR**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **CUFF, STAN**
STREET ADDRESS **22155 SW 97TH COURT**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE
NAME **WARDELL, TOM**
STREET ADDRESS **2243 SW 97 CT**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **NUNEZ, LINDA**
STREET ADDRESS **22173 SW 98TH COURT**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **REYES, JEFFREY**
STREET ADDRESS **22213 SW 97 COURT**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **PIRKALA, STEVE**
STREET ADDRESS **9845 SW 222 TERR**
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Maria Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10 2/96 232-0354

SC 3-22-96

CR2E037 (12/95)