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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 12079 SW 131 AVE MIAMI FL 33186-6475

3. Date Incorporated or Qualified 03/26/1987 3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0011689 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip 25 Country 29 Zip 30 Country 6. 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  
KOBRI, DAVID 8900 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA		1.2 NAME	Georganna Fautleroy	
STREET ADDRESS	9780 SW 222 TERR		1.3 STREET ADDRESS	9909 S.W. 221 St.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33190	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUPP, STAN		2.2 NAME	Carlos Echegoyen	
STREET ADDRESS	22155 SW 97TH COURT		2.3 STREET ADDRESS	9803 S.W. 222 St.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33190	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDELL, TOM		3.2 NAME	Ann Wetherington	
STREET ADDRESS	2243 SW 97 CT		3.3 STREET ADDRESS	9801 S.W. 221 St.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33190	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, LINDA		4.2 NAME	Becky Malayan	
STREET ADDRESS	22173 SW 98TH COURT		4.3 STREET ADDRESS	9833 S.W. 221 St.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33190	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGS, IBIS		5.2 NAME	Glysel Wardell	
STREET ADDRESS	9871 SW 221 TERR		5.3 STREET ADDRESS	221 40 S.W. 97 St.	
CITY-ST-ZIP	MIAMI FL 33190		5.4 CITY-ST-ZIP	Miami, FL 33190	
TITLE		<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 10 Feb 97 DAYTIME PHONE # 305-526-1855

CR2E037 (9/96)