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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
13320 SW 128th ST
~~13070 SW 101 AVE~~
MIAMI FL 33186

Mailing Address
13320 SW 128th ST
~~13070 SW 101 AVE~~
MIAMI FL 33186

3. Date Incorporated or Qualified
03/26/1987

4. FEI Number
65-0011689

Applied For
 Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

KOBRI, DAVID
8900 SW 107 AVE
STE 206
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PP FAUNTLEROU, GEORGANNA**

STREET ADDRESS **9849 SW 221 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **VP ECHEGOVEN, CARLOS**

STREET ADDRESS **9803 SW 222 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **AT WETHERINGTON, ANN**

STREET ADDRESS **9801 SW 221 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **ST MCLAIR, BECKY**

STREET ADDRESS **9838 SW 221 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **D WARDELL, GYSEL**

STREET ADDRESS **221 43 SW 97 CT**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *GH Fauntlerou* **GH FAUNTLEROU** 1-14-98

CP2E037 (10/97)