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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19848

1. Corporation Name

CATALINA HOMEOWNERS ASSOC. INC.

Principal Place of Business
 13320 S.W. 128TH STREET
 MIAMI FL 33186

Mailing Address
 13320 S.W. 128TH STREET
 MIAMI FL 33186



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	2b	03/26/1987
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 City & State	28 City & State	65-0011689
24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
25	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOBRIN, DAVID 8900 SW 107 AVE STE 208 MIAMI FL 33176	81 Name Glen Colvin, CAM 82 Street Address (P.O. Box Number is Not Acceptable) 13388 SW 128 ST (Lakeview Mans) 83 84 City Miami FL 85 Zip Code 33186

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]* DATE: **1-15-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FAUNTLEROO, GEORGANNA	1.1 TITLE	Director
NAME		1.2 NAME	9834 SW 222 Terrace
STREET ADDRESS	9849 SW 221 ST	1.3 STREET ADDRESS	Miami, FL 33190
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP ECHEGOOEN, CARLOS	2.1 TITLE	Director
NAME		2.2 NAME	9756 SW 221 Terrace
STREET ADDRESS	9803 SW 222 ST	2.3 STREET ADDRESS	Miami, FL 33190
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	AT WETHERINGTON, ANN	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	9801 SW 221 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ST MCLAREN, BECKY	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS	9838 SW 221 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-01-99** DAYTIME PHONE # **305-255-9058**

CR2E037 (1/98)