

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 23 PM 4:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N41271					
1. Corporation Name Catalina Owners Association, Inc. 335 Albriitt Ave. Pensacola, Florida 32506					
Principal Place of Business Catalina					
Mailing Address 335 Albriitt Ave. Pensacola, Fl. 32506					
2. Principal Place of Business 21 Catalina Suite, Apt. #, etc.		2a. Mailing Address 26 335 Albriitt Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified December 11, 1990	
22 City & State 23 Pensacola, Fl.		27 City & State		4. FEI Number 59-3068650	
24 32506 25		29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KIRK Rice 101 Bass Lake Pensacola, Fl. 32506			10. Name and Address of New Registered Agent 81 Name Lynn Fulton 82 Street Address (P.O. Box Number is Not Acceptable) 321 Albriitt Ave. 83 84 City Pensacola 85 Zip Code FL 32506		
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 <i>Lynn Fulton</i> 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 P <input checked="" type="checkbox"/> DELETE NAME Kirk Rice STREET ADDRESS 101 Bass Lake CITY-ST-ZIP Pensacola, Fl. 32506			11 TITLE P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Lynn Fulton 13 STREET ADDRESS 321 Albriitt Ave. 14 CITY-ST-ZIP Pensacola, Fl. 32506		
TITLE V. <input checked="" type="checkbox"/> DELETE NAME Chuck Shiedel STREET ADDRESS 44 Domitilla CITY-ST-ZIP Pensacola, Fl. 32506			21 TITLE V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME Robert Nickelson 23 STREET ADDRESS 325 Albriitt Ave. 24 CITY-ST-ZIP Pensacola, Fl. 32506		
TITLE S. <input checked="" type="checkbox"/> DELETE NAME Jack Faugh STREET ADDRESS 320 Albriitt Ave. CITY-ST-ZIP Pensacola, Fl. 32506			31 TITLE S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME Angela Fulton 33 STREET ADDRESS 325 Albriitt Ave. 34 CITY-ST-ZIP Pensacola, Fl. 32506		
TITLE C. <input checked="" type="checkbox"/> DELETE NAME Jim White STREET ADDRESS 328 Albriitt Ave. CITY-ST-ZIP Pensacola, Fl. 32506			41 TITLE C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 NAME Stacy Stone 43 STREET ADDRESS 304 Albriitt Ave. 44 CITY-ST-ZIP Pensacola, Fl. 32506		
TITLE D. <input checked="" type="checkbox"/> DELETE NAME Lynn Fulton STREET ADDRESS 321 Albriitt Ave. CITY-ST-ZIP Pensacola, Fl. 32506			51 TITLE D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME Kirk Rice 53 STREET ADDRESS 101 Bass Lake 54 CITY-ST-ZIP Pensacola, Fl. 32506		
TITLE D. <input checked="" type="checkbox"/> DELETE NAME Harold Hinck STREET ADDRESS 324 Albriitt Ave. CITY-ST-ZIP Pensacola, Fl. 32506			61 TITLE D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 62 NAME Reb Wilkins 63 STREET ADDRESS 224 Bridge City 64 CITY-ST-ZIP Pensacola, Fl. 32506		

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: *Lynn Fulton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-8-99 850-455-6985
Date Daytime Phone #

CR2E037 (11/98)

202

TITLE	D.	#1 DELETE	1.1 TITLE	D	[] Change	[] Addition
NAME	Kelly Williams		4.2 NAME	Joe Spears		##
STREET ADDRESS	14 Domitilla	4.1 DELETE	4.3 STREET ADDRESS	225 Bridge City		
CITY-ST-ZIP	Pensacola, Fl. 32506		4.4 CITY-ST-ZIP	Pensacola, Fl. 32506	[] Change	[] Addition
TITLE	D	[] DELETE	5.1 TITLE			
NAME	Bob Barbanes		5.2 NAME			
STREET ADDRESS	329 Albright Ave		5.3 STREET ADDRESS			
CITY-ST-ZIP	Pensacola, Fl. 32506		5.4 CITY-ST-ZIP			
TITLE	T.	[] DELETE	6.1 TITLE		[] Change	[] Addition
NAME	Marie Lucier		6.2 NAME			
STREET ADDRESS	121 Bass Lake		6.3 STREET ADDRESS			
CITY-ST-ZIP	Pensacola, Fl. 32506		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: *Lynne Fulton* - Lynne Fulton - P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99 805-453-6985
Date Telephone