

DOCUMENT # N41271

1. Entity Name

CATALINA OWNERS ASSOCIATION, INC.

Principal Place of Business

335 ALBRITT AVE.
PENSACOLA FL 32506
US

Mailing Address

335 ALBRITT AVE.
PENSACOLA FL 32506-6728
US

2. Principal Place of Business

CATALINA

Suite, Apt. #, etc.

3. Mailing Address

335 ALBRITT AVE

Suite, Apt. #, etc.

City & State

PENSACOLA

City & State

Zip

32506

Country

Zip

Country

4. FEI Number

59-3068650

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FULTON, LYNN
321 ALBRITT AVE.
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

Lynn Fulton

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

321 ALBRITT AVE

City

PENSACOLA

FL

Zip Code

32506

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Lynn Fulton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2000

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	I
NAME	FULTON, LYNN		
STREET ADDRESS	321 ALBRITT AVE.		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	V	<input type="checkbox"/> Delete	I
NAME	NICKELSON, ROBERT		
STREET ADDRESS	325 ALBRITT AVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	S	<input type="checkbox"/> Delete	I
NAME	FULTON, ANGELA		
STREET ADDRESS	325 ALBRITT AVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	C	<input checked="" type="checkbox"/> Delete	D
NAME	STONE, STACY		
STREET ADDRESS	304 ALBRITT AVE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	D	<input type="checkbox"/> Delete	I
NAME	RICE, KIRK		
STREET ADDRESS	101 BASS LAKE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	D	<input type="checkbox"/> Delete	I
NAME	WILKINS, REB		
STREET ADDRESS	224 BRIDGE CITY		
CITY-ST-ZIP	PENSACOLA FL 32506		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK FAUGH
STREET ADDRESS	320 ALBRITT AVE
CITY-ST-ZIP	PENSACOLA, FL 32506 I
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 OR DIRECTOR

Date

Daytime Phone #

FILED

00 FEB 28 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BU003264



11910090121039\$61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)