2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # N94000002951 1. Entity Name 01-19-2000 90175 045 ****61.25 CATALINA HOME OWNERS ASSOCIATION OF MANATEE, INC Principal Place of Business Mailing Address 7719 13TH AVE. N.W. 7719 13TH AVE. N.W. BRADENTON FL 34209-1009 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0524405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LILLIAN M. MULFORD ... Street Address (P.O. Box Number is Not Acceptable) VOGLER, WALTER H 7719 13TH AVE. N.W. 1204 76 TH ST, N.W. BRADENTON F **BRADENTON FL 34209** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete TITLE ☐ Addition TITLE RICHARDE, PAC 1120 7655. N.W. NAME NAME MOSS, FRANK D. JR STREET ADDRESS STREET ADDRESS 7716 12TH AVE NW BRADENTON, FL. 34209 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL LILLIAN M. MULFORD 120476 ST. N.W. Change Delete TITLE ☐ Addition TITLE NAME CROSS, JOAN NAME STREET ADDRESS STREET ADDRESS 1112 77TH ST CT NW CITY-ST-ZIP CITY-ST-7IP BRADENTON FL : Change TITLE ☐ Addition TITLE Delete VOGLER, WALTER H NAME NAME STREET ADDRESS STREET ADDRESS 7719 13TH AVE. N.W. CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

M. MULFORD 01-11-00 (941