## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800005395



Feb 28, 2003 8:00 am Secretary of State

**FILED** 

| 1. Entity Na CATALIN NC.                        | IA RECREATION & IMPROVE  | EMENT ASSOCIATION   | , 1   | 02   | 2-28-2003 90161   | 020 ****61                            | .25                         |  |
|---|--|---|---|--|-------------------|---------------------------------------|-----------------------------|--|
| 2501 CATALINA DR 250                            |  | Mailing Address<br>2501 CATALINA DR<br>ORLANDO FL 32805     | 2501 CATALINA DR  |  |                   |                                       |                             |  |
| Principal Place of Business     3. N            |  | 3. Mailing Address  | 3. Mailing Address  |  |                   |                                       |                             |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.   |   |  | CHECK HERE IF MAK | ING CHANGES                           | 3                           |  |
| City & State                                    |  | City & State  |   | 4. FEI Number <b>59-3541407</b> Applied For  |                   |                                       |                             |  |
| Zip   | Country  | Zip   | Country   | 5. Certificate of Sta  | itus Desired      | \$8.75 Ac                             | lot Applicable<br>Iditional |  |
| 6. Name and Address of Current Registered Agent |  |   | _!  | 7. Name and Address of New Registered Agent  |                   |                                       |                             |  |
|   | Street in the second   |   | Name  | r. Name and Addr   |                   | · · · · · · · · · · · · · · · · · · · |                             |  |
| RATIATO   | ), RICHARD D   | * · · · · · · · · · · · · · · · · · · ·                     | The second of the second of   |  |                   |                                       |                             |  |
| 2501 CATALINA DR                                |  |   | Street Addres   | et Address (P.O. Box Number is Not Acceptable)   |                   |                                       |                             |  |
| ORLANDO FL 32805                                |  |   | City  | <del></del>  |                   |                                       |                             |  |
|   |  |   | 1   |  | F                 | Zip Coc                               |                             |  |
| SIGNATURE                                       | e named entity submits this statement ations of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW: FEE IS \$61.25 | et and title if applicable. (NC  9. Election Ca  Trust Fund | Richar TE: Registered Agent signature requirements requirements are requirements. | nd Bati  | DAT               | 2 - 25 ·                              | -03<br>to                   |  |
| 10.   | OFFICERS AND D   | IRECTORS  | 11.   | ADDITIONS/CHANGES  | TO OFFICERS AND   | DIRECTORS IN                          | 1 10                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | PD<br>BATIATO, RICHARD D<br>2501 CATALINA DR<br>ORLANDO FL 32805-5803  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                   | ☐ Change                              | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | VD<br>MALONE, MICHAEL K<br>2514 CARIBBEAN CT<br>ORLANDO FL 32805   | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                   | ☐ Change                              | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | STD<br>HOGGE, JAMES<br>2205 LAUDERDALE CT<br>ORLANDO FL 32805  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | The second s |                   | ☐ Change                              | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | D<br>IVY, KATHIE<br>2705 SEABEREEZE CT<br>ORLANDO FL 32805   | □ Delete<br>·   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | -  |                   | ☐ Change                              | ☐ Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Baker, Kathy<br>2705 Catalina dr<br>Orlando fl  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                   | Change                                | Addition                    |  |
| ITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                   | ☐ Change                              | Addition                    |  |

12. I hereby certify that the information supplied with this filling 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 to or plot 11.

SIGNATURE: 💆