

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 015 ****61.25

DOCUMENT # N99000007240

1. Entity Name
CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 4500 PGA BOULEVARD #400 PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BOULEVARD #400 PALM BEACH GARDENS FL 33418
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DUU4U400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 55-0967289		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SHANNON, WILLIAM E 4500 PGA BOULEVARD #400 PALM BEACH GARDENS FL 33418				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE HATHAWAY, CHARLES H	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATHAWAY, CHARLES H		NAME	
STREET ADDRESS 4500 PGA BOULEVARD #400		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, HARMON D		NAME	
STREET ADDRESS 4500 PGA BOULEVARD #400		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANNON, WILLIAM E		NAME	
STREET ADDRESS 4500 PGA BOULEVARD #400		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: *William E. Shannon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2000 (561) 627-2112
 William E. Shannon as Secretary

Date Daytime Phone #

CR2E037 (9/99)