

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0034161

DOCUMENT # N99000007240

1. Entity Name

CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.

04-01-2002 90168 019 ****61.25

Principal Place of Business

Mailing Address

4500 PGA BOULEVARD #400
 PALM BEACH GARDENS FL 33418

4500 PGA BOULEVARD #400
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

1930 Commerce Ln

1930 Commerce Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

JUPITER FLORIDA

JUPITER FLORIDA

Zip

Country

Zip

Country

33458

PALM BEACH

33458

PALM BEACH

6. Name and Address of Current Registered Agent

4. FEI Number

65-0967289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



SHANNON, WILLIAM E
 4500 PGA BOULEVARD #400
 PALM BEACH GARDENS FL 33418

Name: **STEVE INGLIS**

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

1930 COMMERCE LANE

SUITE 1

City

JUPITER

FL

Zip Code

33458

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

Steve Inglis Steve Inglis

3-24-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HATHAWAY, CHARLES H	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HARMON D	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, WILLIAM E	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE PIERMAN	
STREET ADDRESS	1930 Commerce Lane #1	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	V. PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY OREMLAND	
STREET ADDRESS	1930 Commerce Ln #1	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA WEBBER	
STREET ADDRESS	1930 Commerce Ln #1	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN DEMPSEY	
STREET ADDRESS	1930 Commerce Ln #1	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD WAYNE GARDNER	
STREET ADDRESS	1930 Commerce Ln #1	
CITY-ST-ZIP	JUPITER FL 33458	
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)(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: *Ellen Dempsey* Treasurer

3.14.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/07)