

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002951

**Entity Name:** CATALINA HOME OWNERS ASSOCIATION OF MANATEE, INC.

**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC8272436303**

**Current Principal Place of Business:**

916 76TH ST. NW  
BRADENTON, FL 34209

**Current Mailing Address:**

P.O. BOX 14998  
BRADENTON, FL 34280 US

**FEI Number: 65-0524405**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCFARREN, MATTHEW  
916 76TH ST. NW  
BRADENTON, FL 34209 US

*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: ROBERT WILLIAMS**

**01/14/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCFARREN, MATTHEW S  
Address        916 76TH ST. NW  
City-State-Zip: BRADENTON FL 34209

Title            SECRETARY  
Name            KRONEMANN, DARLENE  
Address        912 76TH ST NW  
City-State-Zip: BRADENTON FL 34209

Title            BOARD MEMBER  
Name            SIMPSON, PHIL  
Address        1016 76TH ST. NW  
City-State-Zip: BRADENTON FL 34209

Title            BOARD MEMBER  
Name            HORNYAK, LES  
Address        923 78TH ST NW  
City-State-Zip: BRADENTON FL 34209

Title            VP  
Name            STISCAK, CHELSEA  
Address        P.O. BOX 14074  
City-State-Zip: BRADENTON FL 34280

Title            TREASURER  
Name            STISCAK, ZACH  
Address        P.O. BOX 14074  
City-State-Zip: BRADENTON FL 34280

Title            DIRECTOR  
Name            HUBBARD, RYAN  
Address        1115 77TH ST. NW  
City-State-Zip: BRADENTON FL 34209

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ZACH STISCAK**

**TREASURER**

**01/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date