


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 006 ****61.25

DOCUMENT # 748254
 1. Entity Name
CATALINA COVE HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business Mailing Address
2880 SCHERER DRIVE, SUITE 840 **2880 SCHERER DRIVE, SUITE 840**
SAINT PETERSBURG FL 33716 **C/O STERLING MANAGEMENT, INC.**
SAINT PETERSBURG FL 33716



2. Principal Place of Business 3. Mailing Address
2870 Scherer Dr N *2870 Scherer Dr N*
 Suite, Apt. # etc. Suite, Apt. # etc.
#100 *#100*

City & State City & State
St Pete, FL *St Pete FL*
 Zip Country Zip Country
33716 *Fl* *33716* *Fl*

4. FEI Number **59-2130826** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRUDNY
BRADY, MICHAEL
28100 US HWY 19 N #300
CLEARWATER FL 33761

Correction →
Address chg →

7. Name and Address of New Registered Agent
 Name **BRUDNY**
 Street Address (P.O. Box Number is Not Acceptable) **200 North Pine Ave**
SUITE A
 City **OLDSMAR** FL **33077**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	KISLAK, JANE	
STREET ADDRESS	14499 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPPANGER, CHRIS	
STREET ADDRESS	14513 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERNARDI, ANTHONY	
STREET ADDRESS	9340 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	<i>Richard</i> HARTMAN, JENNIFER	
STREET ADDRESS	9440 TRADEWINDS AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELSO, NICK	
STREET ADDRESS	14493 CATALINA CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>S/Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>VD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DEPPINGER, CHRIS</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Chellberg, Kith</i>	
STREET ADDRESS	<i>9386 TRADE WINDS</i>	
CITY-ST-ZIP	<i>SEMINOLE FL 33776</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HARTMAN, Richard</i>	
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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: *Nick Kelso* *4/11/06*