

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748254

FILED
Apr 20, 2009
Secretary of State

Entity Name: CATALINA COVE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

2870 SCHERER DR N
100
SAINT PETERSBURG, FL 33716

Current Mailing Address:

2870 SCHERER DR N
100
SAINT PETERSBURG, FL 33716

FEI Number: 59-2130826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2870 SCHERER DR N
SUITE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

2870 SCHERER DR N
SUITE 100
SAINT PETERSBURG, FL 33716

Name and Address of Current Registered Agent:

BRUDNY, MICHAEL
200 N PINE AVE STE A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

BRUDNY, MICHAEL
200 N PINE AVE
SUITE A
OLDSMAR, FL 34677 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTMAN, RICHARD
Address: 9440 TRADEWINDS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: T () Delete
Name: WHELAN, KEVIN
Address: 9416 TRADEWINDS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: ALVEY, CAROL
Address: 9342 TRADEWINDS AVE
City-St-Zip: SEMINOLE, FL 33776

Title: PD () Delete
Name: YARBROUGH, BONNIE L
Address: 14515 CATALINA CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: SMITH, SANDY
Address: 14517 CATALINA CIR
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: YARBROUGH, BONNIE L
Address: 14515 CATALINA CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS KARISTINOS

LCAM

04/20/2009

Electronic Signature of Signing Officer or Director

Date