

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748254

FILED
Jan 27, 2011
Secretary of State

Entity Name: CATALINA COVE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

2870 SCHERER DR N
SUITE 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR N
SUITE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2130826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: HARTMAN, RICHARD
Address: 2870 SCHERER DRIVE N, SUITE 100
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: T
Name: WHELAN, KEVIN
Address: 2870 SCHERER DRIVE N, SUITE 100
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: S
Name: ALVEY, CAROL
Address: 2870 SCHERER DRIVE N, SUITE 100
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: P
Name: YARBROUGH, BONNIE L
Address: 2870 SCHERER DRIVE N, SUITE 100
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP
Name: SMITH, SANDY
Address: 2870 SCHERER DRIVE N, SUITE 100
City-St-Zip: SAINT PETERSBURG, FL 33716

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: DONNA BOSTON

LCAM

01/27/2011

Electronic Signature of Signing Officer or Director

Date