

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002624**

1. Entity Name  
**CATTELMEN CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**999 CATTELMEN RD  
 UNIT G  
 SARASOTA, FL 34232 US**

Mailing Address  
**2315 53RD ST.  
 SARASOTA, FL 34234-3107 US**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0536403** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PAQUETTE, DENNIS  
 2315 53RD ST.  
 SARASOTA, FL 34234-3107**

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 IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RICK 999 E CATTELMEN RD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAQUETTE, DENNIS 2315 53RD ST. SARASOTA, FL 342343107
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Dennis Paquette*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS PAQUETTE**  
 1/24/07  
 Daytime Phone # \_\_\_\_\_