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FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004255 (6)

1. Corporation Name

CATALINA ON THE GREEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1800 S AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33409  
US

Mailing Address

C/O PROPERTY MGMT RESOURCES  
4000 S 57TH AVE  
LAKE WORTH FL 33463-4396  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
09/21/1993

3a. Date of Last Report  
03/14/1996

4. FEI Number

65-0560321

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

K. HOVNANIAN AT WINSTON TRAILS, INC.  
1800 S AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

JERRY FLATOW

1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HINTZ, RALPH R  
STREET ADDRESS 4000 S 57TH AVENUE, SUITE 101  
CITY-ST-ZIP LAKE WORTH FL 33463

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VTD ☒ DELETE

NAME BOVIO, STEVEN V  
STREET ADDRESS 1800 S AUSTRALIAN AVENUE, SUITE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33409

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME VTD  
2.3 STREET ADDRESS CLEMENT, ED  
2.4 CITY-ST-ZIP 1800 S AUSTRALIAN AVE, SUITE 400  
WEST PALM BEACH FL 33409

TITLE SD ☐ DELETE

NAME FLATOW, JERRY  
STREET ADDRESS 400 S 57TH AVENUE, SUITE 101  
CITY-ST-ZIP LAKE WORTH FL 33463

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JERRY FLATOW (561) 969-2700

CR2E037 (9/96)