2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # N20322 1. Entity Name CATALINA AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.					t.)06 90177 0		
Principal Place of Business 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192006	Chg-NP	CR2E03	37 (11/05)	
City & State		City & State			4. FEI Numbe 59-280				pplied For ot Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desire		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Address of Ne	w Registered		 -
CATALIN	A AT THE POLO CLUB CENOS		Name						
6300 PARK OF COMMERCE BLVD PRIME MANAGEMENT GROUP			Street	Address (F	.O. Box Numbe	er is Not Accept	table)		<u> </u>
	TON, FL 33487-3229								
			City			· · · · ·	FL	Zip Cod	le
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 resultance) DATE									
1	organiture, typed or printed name or registered agent a	no title il applicable. (NOTE	: Registered Agent sign:	sture required v	(porteterio)		DATE		
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10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing contribution.	□A	\$5.00 May 86 Added to Fees	F	Make check	TECTORS IN	tate
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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 fike empowered.

SIGNATURE: JUST SIGNATURE AND TYPED OR

NAME OF SIGNING DEFICER OR DIRECTOR

COBURT SPITALME PEB 24, 2006

561-999-943

Daytime Phone #