



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 001 ****61.25

DOCUMENT # N20322 1. Entity Name CATALINA AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40062730</div>  <div style="margin-top: 10px;"> 03302007 Chg-NP CR2E037 (12/06) </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 4. FEI Number 59-2803420 </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent CATALINA AT THE POLO CLUB CENOS 6300 PARK OF COMMERCE BLVD PRIME MANAGEMENT GROUP BOCA RATON, FL 33487-3229				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D KATZMAN, HILLARY <input checked="" type="checkbox"/> Delete		TITLE	TREASURER, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZMAN, HILLARY		NAME	David Devin	
STREET ADDRESS	5220 D LAKE CATALINA DR		STREET ADDRESS	5165 A Lake Catalina Dr	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton FL 33496	
TITLE	VPT <input checked="" type="checkbox"/> Delete		TITLE	Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSNER, ARTHUR		NAME	Joel Greenspan	
STREET ADDRESS	5118-A LAKE CATALINA DR		STREET ADDRESS	5148 B Lake Catalina Dr	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton FL 33496	
TITLE	SAT <input type="checkbox"/> Delete		TITLE	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, IRWIN		NAME	Robert Lelf	
STREET ADDRESS	5172-A LAKE CATALINA DR.		STREET ADDRESS	5148 B Lake Catalina Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REUBEN, MARTIN		NAME		
STREET ADDRESS	5130 A LAKE CATALINA DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITALNIC, ROBERT		NAME		
STREET ADDRESS	5118 D LAKE CATALINA DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert Spitalnic</i> PROS ROBERT SPITALNIC, PRES. 4/2/07 561999-9430					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #