
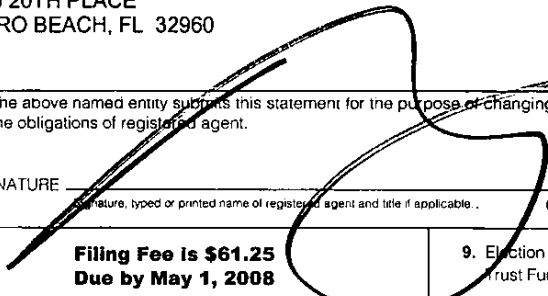
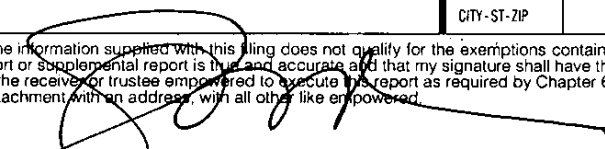


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 033 ****61.25

DOCUMENT # 739712 1. Entity Name CATAMARAN I, INCORPORATED					
Principal Place of Business 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949			Mailing Address 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1875874				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN ELLIOTT MERRILL COMMUNITY MGMT. 835 20TH PLACE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Peter Mollengarden Street 625 N Flagler Dr 7th Floor Bank of America West Palm Beach FL 33401		
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 			(NOTE: Registered Agent signature required when reinstating) Peter C. Mollengarden, Attorney		
Filing Fee is \$61.25 Due by May 1, 2008			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			DATE 3/10/08		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, SLOUX 2400 S OCEAN DR FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 S. Ocean Dr. #2352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, RICHARD 2400 S. OCEAN DR. FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Richard Boyd 2400 S. Ocean Dr. #2245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRIST, ANTHONY 2400 S. OCEAN DR FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elaine Petropoulos 2400 S. Ocean Dr. #2234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETROPOULUS, ELAINE 2400 S. OCEAN DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elaine Petropoulos 2400 S. Ocean Dr. #2234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 			Date 2-26-08 Daytime Phone # 772-569-9853		