

N19848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

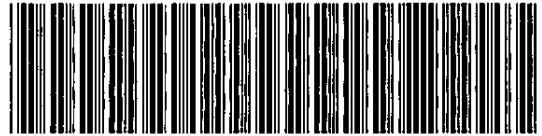
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

09 SEP 21 PM 2:13

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RA Change
Fleming
9-22-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Catalina Homeowners Association
Name of Corporation

DOCUMENT NUMBER: N19848

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Paige
Name of Contact Person

Robert Paige
Firm/Company

9500 South Dadeland Blvd.
Address

Suite 550
Miami, FL 33156
City/State and Zip Code

Salcala1btb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Alcala at (305) 232-0354
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2009

CATALINA HOMEOWNERS ASSOC. INC.
C/O THE CONTINENTAL GROUP, INC.
11981 SW 144 COURT, 201
MIAMI, FL 33186 US

SUBJECT: CATALINA HOMEOWNERS ASSOC. INC.
Ref. Number: N19848

We have received your document for CATALINA HOMEOWNERS ASSOC. INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

Enclosed is a "Change of Registered Agent" form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Karen A Saly
Regulatory Specialist II

Letter Number: 009A00027687

RECEIVED
2009 SEP 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Catalina Homeowners Assoc. Inc.
2. The principal office address: 9780 SW 216 Street
Miami, FL 33190
3. The mailing address (if different): Same

4. Date of incorporation/qualification: _____ Document number: N19848

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David A. Kobiin
8900 SW 107 Ave Suite 206
Miami, FL 33176

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Paige
9500 South Dadeland Blvd. Suite 550
Miami, FL 33156
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

* Richard Daulton Treas.
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 9-17-09
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)