

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005696

FILED
Mar 02, 2023
Secretary of State
5142276803CC**Entity Name:** CATALINA ISLE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O PROFESSIONAL MANAGEMENT ASSOCIATION SERVICES, INC
12905 SW 132 STREET #5
MIAMI, FL 33186**Current Mailing Address:**C/O PROFESSIONAL MANAGEMENT ASSOCIATION SERVICES, INC
12905 SW 132 STREET #5
MIAMI, FL 33186 US**FEI Number:** 90-0262765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FORT LAUDERDALE, FL 33312 US*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.***SIGNATURE:** CHARLES F. OTTO, ESQ.

03/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	GOMEZ, DAVID
Address	C/O PROFESSIONAL MANAGEMENT ASSOCIATION SERVICES, INC. 12905 SW 132 STREET #5
City-State-Zip:	MIAMI FL 33186
Title	VP, DIRECTOR
Name	SANTA-MARIA, MARGARITA MARINA
Address	C/O PROFESSIONAL MANAGEMENT ASSOCIATION SERVICES, INC 12905 SW 132 STREET #5
City-State-Zip:	MIAMI FL 33186

Title	TREASURER, SECRETARY, DIRECTOR
Name	LOPEZ, RICARDO
Address	C/O PROFESSIONAL MANAGEMENT ASSOCIATION SERVICES, INC 12905 SW 132 STREET #5
City-State-Zip:	MIAMI FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GOMEZ

PRESIDENT

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date