

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-13-2005 90031 049 \*\*\*\*61.25

711949

05 MAY -4 PM 3:04

RECORDS & STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

**DOCUMENT # 711949**  
 1. Entity Name  
**CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 740 FIRST ST 740 FIRST ST  
 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953  
 US US

2. Principal Place of Business 3. Mailing Address  
**435 SUNDARD CT** **435 SUNDARD CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MERRITT ISLAND FL** **MERRITT ISLAND FL**  
 Zip Country Zip Country  
**32953 USA** **32953 USA**

4. FEI Number 59-1631990 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAMSEY, SHARON S**  
**740 FIRST ST**  
**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent  
 Name **MARVIN SMITHSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**435 SUNDARD CT**  
 City **MERRITT ISLAND** FL Zip Code **32953**

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 *Marvin Smithson* **MARVIN SMITHSON** **TREASURER** **4-5-2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLAIACOVE, JOHN 170 BECORA MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUBE, PAT 290 SURFSPRAY MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, SUSAU 440 POI CT MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUDREAU, JEAN 490 SAN CRISTOBAL CRT MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I RAMSEY, SHARON S 740 FIRST ST MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GREY 860 KOLOA DR. MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN ROSSI 445 SAN CRISTOBAL CT MERRITT ISLAND FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARMINE CAPPINONE 850 KOLOA MERRITT ISLAND FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALE YARMARINO 305 MIKADO DR MERRITT ISLAND FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARVIN SMITHSON 435 SUNDARD CT MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marvin Smithson* **MARVIN SMITHSON** **4-5-2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #