


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90167 005 \*\*\*\*61.25

<b>DOCUMENT # 711949</b> 1. Entity Name <b>CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>435 SUNDORO CT</b> <b>MERRITT ISLAND, FL 32953 US</b>	Mailing Address <b>435 SUNDORO CT</b> <b>MERRITT ISLAND, FL 32953 US</b>
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 01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1631990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

<b>SMITHSON, MARVIN</b> <b>435 SUNDORO CT</b> <b>MERRITT ISLAND, FL 32953</b>	<i>Gaudreau, Jean</i> <i>490 San Cristobal Ct</i> <i>Merritt Island, FL</i> <i>32953</i>
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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: *Jean Gaudreau* *Treasurer* *4/27/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSSI, JOHN</b> <b>445 SAN CRISTOBAL CT</b> <b>MERRITT ISLAND, FL 32953</b>	<i>Pat Straube</i> <i>290 SurfSpray</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARPINONE, CARMINE</b> <b>860 KOLOA</b> <b>MERRITT ISLAND, FL 32953</b>	<i>Carolyn Thomas</i> <i>830 S. Wai Ki Ki</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>YARMARINO, DALE</b> <b>305 MIKADO DR</b> <b>MERRITT ISLAND, FL 32953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JT</b> <b>GAUDREAU, JEAN</b> <b>490 SAN CRISTOBAL CRT</b> <b>MERRITT ISLAND, FL 32953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITHSON, MARVIN</b> <b>435 SUNDORO CT</b> <b>MERRITT ISLAND, FL 32953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, GREY</b> <b>860 KOLOA DR.</b> <b>MERRITT ISLAND, FL 32953</b>	

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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: *Jean Gaudreau* *4/27/06* *321-449-0500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #