## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 740243** 

FILED Feb 12, 2009 Secretary of State

Entity Name: CATALINA 22 NATIONAL SAILING ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3790 POST GATE RD CUMMING, GA 30040 **Current Mailing Address: New Mailing Address:** 3790 POST GATE RD CUMMING, GA 30040 FEI Number: 74-2138778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAPSIS, GEORGE E 2636 W. MISSION RD #81 US TALLAHASSEE, FL 32304 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FOX. RICH TALLEY, JERRY Name: Name: 46 E BLOOMFIELD LN. Address: 2819 RED BIRD LN Address: City-St-Zip: WESTFIELD, IN 46074 City-St-Zip: GRAPEVINE, TX 76051 Title: VCD Title: VCD (X) Change ( ) Addition ( ) Delete TALLEY, JERRY Name: PURCELL, T. BEATTIE Name: Address: 2819 RED BIRD LN Address: 204 HOOD AVE SE City-St-Zip: GRAPEVINE, TX 76051 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: STD () Delete Title: () Change () Addition MCGEE, DORA Name: Name: 3790 POST GATE DRIVE Address: Address: City-St-Zip: CUMMING, GA 30040 City-St-Zip: Title: ( ) Delete Title: () Change () Addition M Name: HAYSLIP, DAVID Name: 3212 BROOKHAVEN CLUB DR Address: Address: City-St-Zip: DALLAS, TX 75234 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BROWN, JENNIFER FERGUSON, GENE Name: Name: 3018 SUNRISE BLVD 7517 FOSTER DR Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: LAKE WORTH, TX 76135 Title: (X) Delete Title: () Change () Addition FERGUSON, GENE Name: Name: Address: 1310 W CEDAR Address: ARLINGTON, TX 76012 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORA MCGEE STD 02/12/2009