

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90033 001 \*\*\*\*70.00

**DOCUMENT # 745644**

1. Entity Name  
CATALONIA LAKE VILLAS HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
%THE CONTINENTAL GROUP, INC.  
11981 SW 144 CT., STE. 201  
MIAMI, FL 33186

Mailing Address  
C/O COURTESY PROPERTY MANAGEMENT, INC.  
13250 SW 135TH AVENUE  
MIAMI, FL 33186

50007490



2. Principal Place of Business  
C/O Courtesy Property Mgmt

3. Mailing Address

Suite, Apt. #, etc.  
13250 SW 135 Ave

Suite, Apt. #, etc.

City & State  
Miami FL

City & State

Zip  
33186

Country  
DADE

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2023248

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIR.  
STE. 1102  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME DUQUE, MARIA  
STREET ADDRESS 14339 SW 62ND STREET  
CITY-ST-ZIP MIAMI, FL 33183

TITLE P ☐ Delete  
NAME GARCIA, M  
STREET ADDRESS 14295 SW 62 ST  
CITY-ST-ZIP MIAMI, FL 33183

TITLE V ☒ Delete  
NAME PINTAR, FRANK  
STREET ADDRESS 14367 SW 62ND STREET  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D ☒ Delete  
NAME YANES, LILIA  
STREET ADDRESS 14337 SW 62 STREET  
CITY-ST-ZIP MIAMI, FL 33183

TITLE T ☒ Delete  
NAME PARKER, BREH  
STREET ADDRESS 14361 SW 62 STREET  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME MESAS, ALEX  
STREET ADDRESS 14231 SW 62 ST.  
CITY-ST-ZIP Miami FL 33183

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME GARCIA, JR., FERNANDO  
STREET ADDRESS 14225 SW 62 ST.  
CITY-ST-ZIP Miami, FL 33183

TITLE D ☐ Change ☒ Addition  
NAME PARKER, BRITT R.  
STREET ADDRESS 14361 SW 62 ST  
CITY-ST-ZIP Miami FL 33183

TITLE TD ☐ Change ☒ Addition  
NAME PAVON, MARIA CRISTINA  
STREET ADDRESS 14233 SW 62 ST.  
CITY-ST-ZIP Miami FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

President 03/21/06 305254-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #