# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 13, 2012**
**Secretary of State**

DOCUMENT# 745753

**Entity Name:** CATAMARAN II, INCORPORATED

**Current Principal Place of Business:**

2400 S. OCEAN DRIVE
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15279
FORT PIERCE, FL 34979

**New Mailing Address:**

**FEI Number: 59-2069086** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, MARY R
850 NW FEDERAL HWY
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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:**

Title: D
Name: TURNER, LARRY
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: SD
Name: FRAZEE, CAROL
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: VD
Name: DUNLAP, JACK
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: D
Name: PUSCH-SCHIFFERT, GLORIA
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: D
Name: NAEGLER, ERIC
Address: PO BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

Title: PD
Name: KUCHTA, ANTHONY
Address: POST OFFICE BOX 15279
City-St-Zip: FORT PIERCE, FL 34979

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: JACK DUNLAP D 06/13/2012
Electronic Signature of Signing Officer or Director Date