

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 001 ****61.25

DOCUMENT # 747181
1. Entity Name
CATALINA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: **288 NE 200 TERRACE MIAMI FL 33179**
Mailing Address: **288 NE 200 TERRACE MIAMI FL 33179**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-2105606** Applied For: Not Applicable

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



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
**WRIGHT, ROBERT
268 NE 200 TERRACE
MIAMI FL 33179**

7. Name and Address of New Registered Agent
Name: **John Mills**
Street Address (P.O. Box Number is Not Acceptable): **270 NE 200 Terr**
City: **Miami** State: **FL** Zip Code: **33179**

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]* DATE: **4/24/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: BD NAME: POWELL, DOREEN STREET ADDRESS: 20030 NE 2ND CT CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: BD NAME: Denise Garib STREET ADDRESS: 20037 NE 2nd Place CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BD NAME: BARTON, ESTELLA STREET ADDRESS: 264 NE 200 TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: BD NAME: Beverly Anderson STREET ADDRESS: 281 NE 201st Terrace CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: WRIGHT, ROBERT STREET ADDRESS: 268 NE 200 TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BD NAME: ZARATE, LUIZ STREET ADDRESS: 20103 NE 2ND PL CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: VELEZ, UMBERTO STREET ADDRESS: 269 NE 201 TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BECKER, ROSE STREET ADDRESS: 288 NE 200 TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* **ROSE BECKER** DATE: **4/24/07** **705-249-5052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR