
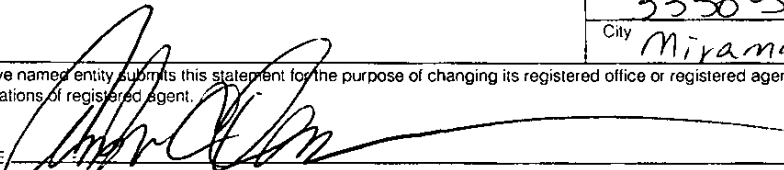
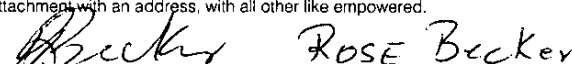


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90152 010 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2105606	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, JOHN 270 N.E. 200 TERR MIAMI, FL 33179			Name Andrew C. Demos		
			Street Address (P.O. Box Number is Not Acceptable) Huntington III Plaza		
			3350 Southwest 148 th Ave # 110		
			City Miramar		
			FL Zip Code 33027		
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 			4/22/08		DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	BD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DOREEN		NAME	Beverly Anderson	
STREET ADDRESS	20030 NE 2ND CT		STREET ADDRESS	281 NE 201 st Terrace	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami 21 33179	
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, ESTELLA		NAME		
STREET ADDRESS	264 NE 200 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARIB, DENISE		NAME		
STREET ADDRESS	20037 N.E. 2ND PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARATE, LUIZ		NAME		
STREET ADDRESS	20103 NE 2ND PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JOHN		NAME		
STREET ADDRESS	270 NE 200 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ROSE		NAME		
STREET ADDRESS	288 NE 200 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		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: 			4/22/08		305-249-522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #