

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747181

FILED
Jan 28, 2009
Secretary of State

Entity Name: CATALINA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

288 NE 200 TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

288 NE 200 TERRACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 59-2105606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOS, ANDREW C
3350 SOUTHWEST 14 B AVE #110
MIRAMAR, FL 33027 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: BD () Delete
Name: POWELL, DOREEN
Address: 20030 NE 2ND CT
City-St-Zip: MIAMI, FL 33179

Title: BD () Delete
Name: BARTON, ESTELLA
Address: 264 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: BD () Delete
Name: GARIB, DENISE
Address: 20037 N.E. 2ND PLACE
City-St-Zip: MIAMI, FL 33179

Title: BD () Delete
Name: ZARATE, LUIZ
Address: 20103 NE 2ND PL
City-St-Zip: MIAMI, FL 33179

Title: P () Delete
Name: MILLS, JOHN
Address: 270 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: TS () Delete
Name: BECKER, ROSE
Address: 288 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: NATHAN, ROSE
Address: 288 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

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: ANDREW C DEMOS

Electronic Signature of Signing Officer or Director

RA

01/28/2009

Date