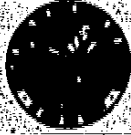


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 749884 (3)
1. Corporation Name
CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
609 SOUTH STREET SOUTH NAPLES FL 33940 **745 12TH AVE SOUTH SUITE D NAPLES FL 33940 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1979** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-2004457** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$58.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under 5, 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MOORE PROPERTY MANAGEMENT
745 12TH AVE SOUTH
SUITE D
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	DOVEY, ROSEMARY
STREET ADDRESS	3380 10TH ST. N. 1205
CITY-ST-ZIP	NAPLES FL
TITLE	VP
NAME	DILL, BETTY
STREET ADDRESS	3350 10TH ST. N. #1105
CITY-ST-ZIP	NAPLES, FL 0
TITLE	PD
NAME	SCHISLER, JAMES
STREET ADDRESS	3370 10TH ST., N #1305
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	ROGERS BETH
STREET ADDRESS	3350 10TH ST N #1101
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	LACHERMEYER, MILLA
STREET ADDRESS	3370 10TH ST. N. #1301
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Polito, Fred
3.3 STREET ADDRESS	3350 10th North
3.4 CITY-ST-ZIP	Naples, FL 33910
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marford, Isabelle
5.3 STREET ADDRESS	3350 10th St North
5.4 CITY-ST-ZIP	Naples, FL 33910
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Dill, Pres. 4-10-95 813-262-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #