

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749884** (3)

1. Corporation Name
CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **11/26/1979** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-2004457** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE PROPERTY MANAGEMENT
745 12TH AVE SOUTH
SUITE D
NAPLES FL 33940**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, title (if applicable) (NOTE: Registered Agent signature requires 1 when filing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DILL, BETTY	
STREET ADDRESS	3350 10TH ST. N. #1105	
CITY- ST- ZIP	NAPLES, FL 0	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POLITO, FRED	
STREET ADDRESS	3350 10TH ST NORTH	
CITY- ST- ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS BETH	
STREET ADDRESS	3350 10TH ST N #1101	
CITY- ST- ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORFORD, ISABELLE	
STREET ADDRESS	3350 10TH ST NORTH	
CITY- ST- ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	3/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellis Orr	
1.3 STREET ADDRESS	3370 10TH ST N. # 1312	
1.4 CITY- ST- ZIP	Naples, FL 33940	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Schister	
2.3 STREET ADDRESS	3370 10TH ST N # 1305	
2.4 CITY- ST- ZIP	Naples, FL 33940	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input 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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
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 119.07(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* 4-16-96 941-262-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (317) (rev. 1/95)

CR2E037 (12/95)