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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 609 EIGHTH STREET SOUTH NAPLES FL 33940
Mailing Address: 745 12TH AVE SOUTH SUITE D NAPLES FL 34102-7376 US

3. Date incorporated or Qualified: 11/26/1979
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business (21) 2a. Mailing Address (26)

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

Suite, Apt. #, etc. (22) (27)

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

City & State (23) (28)

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

Zip (24) Country (25) Zip (29) Country (30)

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
85 Zip Code: FL

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: DILL, BETTY
STREET ADDRESS: 3350 10TH ST. N. #1105
CITY-ST-ZIP: NAPLES, FL 0

1.1 TITLE: Change Addition
1.2 NAME: Mildred Smith
1.3 STREET ADDRESS: 3350 10th St North
1.4 CITY-ST-ZIP: Naples, FL 34103

TITLE: VP
NAME: POLITO, FRED
STREET ADDRESS: 3350 10TH ST NORTH
CITY-ST-ZIP: NAPLES FL

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: SD
NAME: ORR, ELLIS
STREET ADDRESS: 3370 10TH ST N #1312
CITY-ST-ZIP: NAPLES FL

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: TD
NAME: SCHISLER, JAMES
STREET ADDRESS: 3370 10TH ST N #1305
CITY-ST-ZIP: NAPLES FL

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4-21-97 941-262-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066553

CR2E037 (9/96)