


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90028 032 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 749884 (3) *✓ OK*

**1. Corporation Name**

**CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
3350 10th St. North Naples, FL 34103	3350 10th St. North Naples, FL 34103

**3. Date Incorporated or Qualified**  
11/26/1979

<b>4. FEI Number</b> 59-2004457	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b>	<b>26</b> 745 12th Ave South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b> Ste D
City & State	City & State
<b>23</b>	<b>28</b> Naples, FL
Zip	Zip
<b>24</b>	<b>29</b> 34102
Country	Country
<b>25</b>	<b>30</b> USA

**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. Is this nonprofit corporation a homeowners association?**  
 Yes  No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**9. Name and Address of Current Registered Agent**

Mpore Property Management, Inc.  
 745 12th Ave., S Suite D  
 Naples, FL 34102

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**  DELETE

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	Dill, Betty
<b>STREET ADDRESS</b>	3350 10th St., N #1105
<b>CITY-ST-ZIP</b>	Naples, FL 34103
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	Polito, Fred
<b>STREET ADDRESS</b>	3350 10th St., N #
<b>CITY-ST-ZIP</b>	Naples, FL 34103
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	Orr, Ellis
<b>STREET ADDRESS</b>	3350 10th St N #1312
<b>CITY-ST-ZIP</b>	Naples, FL 34103
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	Schisler, James
<b>STREET ADDRESS</b>	3350 10 St. N #1305
<b>CITY-ST-ZIP</b>	Naples, FL 34103
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	Smith, Mildred
<b>STREET ADDRESS</b>	3350 10th St., N North
<b>CITY-ST-ZIP</b>	Naples, FL 34103
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

<b>1.1 TITLE</b>	<b>D</b>
<b>1.2 NAME</b>	Janice Hufford
<b>1.3 STREET ADDRESS</b>	3350 10th St N
<b>1.4 CITY-ST-ZIP</b>	Naples, FL 34103
<b>2.1 TITLE</b>	
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14.** I 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:** *Betty Dill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)