

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 004 ****61.25

DOCUMENT # 749884
 1. Entity Name
CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 3350 10TH ST., NORTH
 NAPLES, FL 34103

Mailing Address
 C/O INTEGRATED PROPERTY MANAGEMENT
 3435-10TH STREET N., #201
 NAPLES, FL 34103 US

54035197



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
40 Sandcastle Community Mgmt.
 Suite, Apt. #, etc.
P.O. Box 8478
 City & State
Naples, FL
 Zip
FL 34109

03242004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2004457

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

6. Name and Address of Current Registered Agent
BUTLER, POLLY
 3350-10TH STREET NORTH
 #1104
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BUTLER, POLLY | |
| STREET ADDRESS | 3350 10TH ST. N. #1104 | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | NEWELL, CHRIS | |
| STREET ADDRESS | 1073 N. ALHAMBRA CIRCLE | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOWLIE, GENE | |
| STREET ADDRESS | 3350 10TH ST., NORTH #1103 | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas Reddy | |
| STREET ADDRESS | 3350 10th St. N. #1101 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James Schisler | |
| STREET ADDRESS | 3310 10th St. N. #1305 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lois McLaughlin | |
| STREET ADDRESS | 3360 10th St. N. #1202 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ivan Spagenberg | |
| STREET ADDRESS | 3360 10th St. N. #1205 | |
| CITY-ST-ZIP | Naples, FL 34103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Reddy* Date: *4/12/04* Daytime Phone #: *4342293*