

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 024 ****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 SANDCASTLE COMMUNITY MGMT.
 P.O. BOX 8478
 NAPLES, FL 34109 US**



2. Principal Place of Business		3. Mailing Address		01182006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2004457	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BUTLER, POLLY 3350-10TH STREET NORTH #1104 NAPLES, FL 34103				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, 2006 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDDY, THOMAS			NAME			
STREET ADDRESS	3350 10TH ST., N #1101			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAUGHLIN, LOIS			NAME			
STREET ADDRESS	3360 10TH ST., N #1202			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPAGENBERG, IVAN			NAME			
STREET ADDRESS	3360 10TH ST., N #1205			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	James Schisler		
STREET ADDRESS				STREET ADDRESS	3370 10th St. N. #1305		
CITY-ST-ZIP				CITY-ST-ZIP	Naples, FL 34103		
TITLE		<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Bruce Dyrkee		
STREET ADDRESS				STREET ADDRESS	3350 10th St. N. # 1105		
CITY-ST-ZIP				CITY-ST-ZIP	Naples, FL 34103		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, President* *4/8/06* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #