
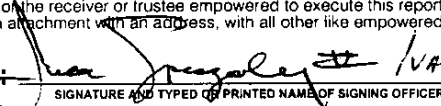


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90038 033 ****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 - No P.O. Box # C/O Sandcastle Community Mgmt Suite, Apt. #, etc. 1719 Trade Center Way #4 City & State Naples, FL		3. Mailing Address P.O. Box 8478 Suite, Apt. #, etc. City & State Naples, FL	
4. FEI Number 59-2004457		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Thomas, Brad C/O (Street Address (P.O. Box Number is Not Acceptable)) Sandcastle Community Management, Inc. 1719 Trade Center Way #4 City Naples FL Zip Code 34109	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	Treasurer <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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISLER, JAMES	NAME	
STREET ADDRESS	3370 10TH ST N 1305	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKEE, BRUCE	NAME	
STREET ADDRESS	3350 10TH ST N 1105	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
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: 		Date: 4/9/07 239-436-1013	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	