

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749884

FILED
Mar 21, 2011
Secretary of State

Entity Name: CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASLLE COMMUNITY MGMT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O SANDCASLLE COMMUNITY MGMT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-2004457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINDELL, OLGA
SANCASTLE COMMUNITY MANAGEMENT, INC
1719 TRADE CENTER WAY #9
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: REDDY, THOMAS
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: SD
Name: MCLAUGHLIN, LOIS
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: TD
Name: SPANGENBERG, IVAN
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: VPD
Name: SCHISLER, JAMES
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

Title: D
Name: SCHULZE, RUTH
Address: 1719 TRADE CENTER WAY #4
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS REDDY

PD

03/21/2011

Electronic Signature of Signing Officer or Director

Date