

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756516

FILED
Apr 27, 2011
Secretary of State

Entity Name: THE KATOVA WINDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BOULEVARD S., #109
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BOULEVARD S., #109
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0104890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, JERRY D CAM
C/O J BROOKS & ASSOCIATES, INC.
2804 DEL PRADO BOULEVARD S., #109
CAPE CORAL, FL 33904 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: P
Name: LUTHI, DONALD
Address: 1028 SE 39TH TERRACE, #5
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: HALL, MIKE
Address: 3935 COUNTRY CLUB BOULEVARD, #20
City-St-Zip: CAPE CORAL, FL 33904

Title: ST
Name: CERVI, DENNIS
Address: 1028 SE 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: BOHLER, RICHARD
Address: 3935 COUNTRY CLUB BOULEVARD, #15
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: RUEDIN, GARY
Address: 1532 CARRIAGE DR
City-St-Zip: EATON, CO 80615

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: DONALD LUTHI

P

04/27/2011

Electronic Signature of Signing Officer or Director

_____ Date