

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90052 025 \*\*\*\*61.25

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01082005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 769026</b>					
1. Entity Name CATALINA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1303 S ATLANTIC AVE. DAYTONA BCH., FL 32118-4803			Mailing Address 1303 S ATLANTIC AVE. DAYTONA BCH., FL 32118-4803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2342835	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PYLE, MICHAEL A 1265 W. GRANADA SUITE 1 ORMOND BEACH, FL 32174				Name: <u>Michael A. Pyle</u> Street Address (P.O. Box Number is Not Acceptable) <u>1655 N. CLYDE MORRIS BLVD, STE 1</u> City: <u>DAYTONA BEACH</u> FL Zip Code: <u>32117</u>	
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: <u>[Signature]</u> <u>Michael A. Pyle</u> <u>1/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANDY, BERNADETTE		NAME		
STREET ADDRESS	5970 SAWGRASS POINT DR SAWGRASS		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32124		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROUT, W		NAME		
STREET ADDRESS	800 MASTHEAD LN		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONAR, JAMES		NAME		
STREET ADDRESS	2805 KINGS DEER ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 327924311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNER, D		NAME		
STREET ADDRESS	905 S. BUCKINGHAM RD.		STREET ADDRESS		
CITY-ST-ZIP	YORKTOWN, IN 47396		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<u>DIRECTOR</u>	
STREET ADDRESS			STREET ADDRESS	<u>TURCOTT, W. R.</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>1002 ROSETTA DR.</u>	
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 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: <u>[Signature]</u> <u>Director</u> <u>1/8/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					