


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90002 046 \*\*\*\*61.25

<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		4. FEI Number 59-2342835	
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		
PYLE, MICHAEL A 1655 NORTH CLYDE MORRIS BLVD SUITE 1 DAYTONA BEACH, FL 32117			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANDY, BERNADETTE	NAME	<b>GANDY BERNADETTE</b>		
STREET ADDRESS	5970 SAWGRASS POINT DR SAWGRASS	STREET ADDRESS	<b>5970 SAWGRASS POINT DR.</b>		
CITY-ST-ZIP	PORT ORANGE, FL 32124	CITY-ST-ZIP	<b>PORT ORANGE FL 32128-7320</b>		
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROUT, W	NAME	<b>W. TROUT</b>		
STREET ADDRESS	800 MASTHEAD LN	STREET ADDRESS	<b>800 MASTHEAD LN</b>		
CITY-ST-ZIP	EDGEWATER, FL 32141	CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>		
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURCOTT, W R	NAME			
STREET ADDRESS	1002 ROSETTA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32725	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: <i>William H. Trout Jr.</i>			PRESIDENT 3/6/06 WILLIAM H. TROUT JR. 386-253-6741		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		