


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90082 033 ****61.25

DOCUMENT # 769026

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
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01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2342835	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~RYLE MICHAELA~~ *P+D Management, LLC*
 1655 NORTH CLYDE MORRIS BLVD
 SUITE 1
 DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE

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 *William H. Trout Jr., Manager* DATE 1/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GANDY, BERNADETTE 5970 SAWGRASS POINT DR SAWGRASS PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TROUT, W 800 MASTHEAD LN EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BONAR, JAMES 2805 KINGS DEER ROAD WINTER PARK, FL 327924311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNER, D 905 S. BUCKINGHAM RD. YORKTOWN, IN 47396
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURCOTT, W R 1002 ROSETTA DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *William H. Trout Jr.* **WILLIAM H. TROUT JR.** 1/12/07 386-263-6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #