


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

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005972 1. Entity Name CATALINA PARK COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 394 SUNNYVIEW CIRCLE ORLANDO, FL 32810	Mailing Address 394 SUNNYVIEW CIRCLE ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3747162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATKINS, CAROLYN 394 SUNNYVIEW CIRCLE ORLANDO, FL 32810	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENZIE, ANNA 251 AMADOR CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCWHITE, ERNESTINE 269 AMADOR CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATKINS, CAROLYN 394 SUNNYVIEW CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT 477 SUNNYVIEW CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, CARL 532 KATHERINE STREET ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000321904
04/21/05-80097-008 61.25

U00000321904
04/21/05-80097-009 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anna McKenzie ANNA MCKENZIE 4/18/05 407-659-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #