

07


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90415 005 ****70.00

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1. Entity Name
CATALINA ISLE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
C/O M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

Mailing Address
M & E ASSOCIATES OF MIAMI, INC
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

50012972



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
04-3660068

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HELU, ROGELIO	
STREET ADDRESS	15307 SW 9 WAY	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PERAZA, JORGE F	
STREET ADDRESS	1263 SW 143 COURT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	T	<input type="checkbox"/> Delete
NAME	VARONA, JORGE	
STREET ADDRESS	15270 SW 8 WAY	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORENO, FABIO	
STREET ADDRESS	15313 SW 8 WAY	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, GEORGE	
STREET ADDRESS	15269 SW 8 WAY	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Varona, Jorge	
STREET ADDRESS	15270 SW 8 Way	
CITY-ST-ZIP	Miami, FL 33194	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer / Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, George	
STREET ADDRESS	15269 SW 8 Way	
CITY-ST-ZIP	Miami, FL 33194	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jorge Varona **4-10-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time None #