

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90223 001 \*\*\*\*61.25  
03-24-2008 90223 002 \*\*\*\*\*8.75

<b>DOCUMENT # N02000005696</b>					
<b>1. Entity Name</b> CATALINA ISLE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175			<b>Mailing Address</b> M & E ASSOCIATES OF MIAMI, INC 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 90-0262765	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ROMOY, CARLOS		<b>TITLE</b> P	<b>NAME</b> Carlos Romo	
<b>STREET ADDRESS</b> 15320 SW 9TH WAY	<b>CITY-ST-ZIP</b> MIAMI, FL 33194		<b>STREET ADDRESS</b> 15320 SW 9th Way	<b>CITY-ST-ZIP</b> Miami, FL 33194	
<b>TITLE</b> V	<b>NAME</b> DERNANDEZ, ANTONIO D		<b>TITLE</b> V	<b>NAME</b> Antonio D. Fernandez	
<b>STREET ADDRESS</b> 15236 SW 9TH WAY	<b>CITY-ST-ZIP</b> MIAMI, FL 33194		<b>STREET ADDRESS</b> 15236 SW 9th Way	<b>CITY-ST-ZIP</b> Miami, FL 33194	
<b>TITLE</b> T	<b>NAME</b> ROMAN, STEVE		(Empty row for additions/changes)		
<b>STREET ADDRESS</b> 974 SW 153RD COURT	<b>CITY-ST-ZIP</b> MIAMI, FL 33194		(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
<b>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.</b>					
<b>SIGNATURE:</b>			3/13/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		