

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 034 ****61.25

DOCUMENT # N02000009603					
1. Entity Name CATALINA IV HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9714 WEST HWY 98 PENSACOLA, FL 32506 US			Mailing Address 1851 SANDRA DR. PENSACOLA, FL 32506 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2782 Creekwood Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cantonment, FL		4. FEI Number NOT APPLICABLE	
Zip		Country 32533 Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINBOTHAM, W. E 1851 SANDRA DR. PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name: Jerry T. Webb Street Address (P.O. Box Number is Not Acceptable): 2782 Creekwood Dr City: Cantonment FL Zip Code: 32533		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> DATE 05-02-07 </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME HIGGINBOTHAM, W. E STREET ADDRESS 1851 SANDRA DR. CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE D NAME Webb, Jerry T. STREET ADDRESS 2782 Creekwood Dr. CITY-ST-ZIP Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ASHCRAFT, RANDY C STREET ADDRESS 3506 NIGHTHAWK LN. CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE D NAME Webb, James D. STREET ADDRESS 3894 Paradise Bay Dr. CITY-ST-ZIP Gulf Breeze, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ASHCRAFT, LISA M STREET ADDRESS 3506 NIGHTHAWK LN CITY-ST-ZIP PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 850.572.1400 <small>Daytime Phone #</small>		