

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003611

FILED
May 11, 2009
Secretary of State

Entity Name: CATALINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2920 CATALINA STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1172 S. DIXIE HWY
SUITE 396
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 14-1997775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SZTER, MALGORZATA
1172 SOUTH DIXIE HWY
SUITE 396
CORAL GABLES, FL 33146 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SZTER, MALGORZATA
Address: 1172 SOUTH DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: MARTINEZ, HELENA
Address: 2922 CATALINA STREET
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALGORZATA SZTER

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date