

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 030 ****70.00

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1. Entity Name
 CATALINA GRAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 875 PASADENA AVENUE SOUTH
 SUITE A
 ST.PETERSBURG, FL 33707

Mailing Address
 875 PASADENA AVENUE SOUTH
 SUITE A
 ST.PETERSBURG, FL 33707

40102071



08092006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5432747 Applied For
 NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, JOHN G
 875 PASADENA AVENUE SOUTH
 SUITE A
 ST.PETERSBURG, FL 33707

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 IN THIS SPACE**

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 reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWELL, JOHN G
STREET ADDRESS	875 PASADENA AVENUE SOUTH
CITY-ST-ZIP	ST.PETERSBURG, FL 33707
TITLE	STD
NAME	POWELL, J. GRANT II
STREET ADDRESS	875 PASADENA AVENUE SOUTH
CITY-ST-ZIP	ST.PETERSBURG, FL 33707
TITLE	D
NAME	GRAHAM, PETER D
STREET ADDRESS	5200 CENTRAL AVENUE
CITY-ST-ZIP	ST.PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: X [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/21/06 Daytime Phone #: 727(344)000