

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/06

727/341-0009