


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004467

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

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01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5432747	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 May 1, 2007

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

U00000701738
 04/20/07-80066-020 70.00

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, 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:  **3/31/2007** **727/341-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #