

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004467

FILED
Apr 24, 2008
Secretary of State

Entity Name: CATALINA GRAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

11455 GULF BLVD
TREASURE ISLAND, FL 33706

Current Mailing Address:

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

New Mailing Address:

352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33706

FEI Number: 20-5432747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONDO MGT PLUS
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 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: JOYCE ADAMS

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, JOHN G
Address: 875 PASADENA AVENUE SOUTH
City-St-Zip: ST.PETERSBURG, FL 33707

Title: STD () Delete
Name: POWELL, J. GRANT II
Address: 875 PASADENA AVENUE SOUTH
City-St-Zip: ST.PETERSBURG, FL 33707

Title: D () Delete
Name: GRAHAM, PETER D
Address: 5200 CENTRAL AVENUE
City-St-Zip: ST.PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOYCE ADAMS

LCAM

04/24/2008

Electronic Signature of Signing Officer or Director

Date