

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004467

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CATALINA GRAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11455 GULF BLVD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

352 150TH AVE  
SUITE E  
MADEIRA BEACH, FL 33706

**New Mailing Address:**

19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785

FEI Number: 20-5432747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONDO MGT PLUS  
352 150TH AVE  
SUITE E  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

CONDO MGT PLUS  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 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

04/23/2009

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

04/23/2009

Electronic Signature of Signing Officer or Director

Date