

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006742

FILED
Apr 26, 2005
Secretary of State

Entity Name: CATALINA ISLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7975 N.W. 154 ST., STE. 400
MIAMI LAKES, FL 33016

New Principal Place of Business:

C/O CCM, INC
10034 W MCNAB ROAD
TAMARAC, FL 33321

Current Mailing Address:

7975 N.W. 154 ST., STE. 400
MIAMI LAKES, FL 33016

New Mailing Address:

C/O CCM, INC
10034 W MCNAB ROAD
TAMARAC, FL 33321

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MILES, JAMES R
10034 W MCNAB ROAD
TAMARAC, FL 33321 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: JAMES R. MILES

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIELE, ROBERT
Address: 7975 N.W. 154 ST., STE. 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD () Delete
Name: CARDOSO, NICOLE
Address: 7975 N.W. 154 ST., STE. 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD () Delete
Name: LAM, YOLANDA
Address: 7975 N.W. 154 ST., STE. 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUSH, MIKE
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VD (X) Change () Addition
Name: BRAWNER, CHRIS
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change () Addition
Name: HOLTZMAN, MARK
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Change (X) Addition
Name: DEGRACE, CHRISTIE
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D () Change (X) Addition
Name: ROBERTS, LEON
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE CRUSH

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date