


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90012 026 \*\*\*\*61.25

**DOCUMENT # N04000006742**  
 1. Entity Name  
**CATALINA ISLES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 C/O CCM, IN C/O CCM, INC  
 10034 W MCNAB ROAD 10034 W MCNAB ROAD  
 TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

20-1351198  
 1st MOORE CR2E037 (10/05)

4. FEI Number **20-1351198** Applied For  
**AP-PLIED FOR** Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**MILES, JAMES R**  
**10034 W MCNAB ROAD**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. This 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 renewing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CRUSH, MIKE STREET ADDRESS 10034 W MCNAB ROAD CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BRAWNER, CHRIS STREET ADDRESS 10034 W MCNAB ROAD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HOLTZMAN, MARK STREET ADDRESS 10034 W MCNAB ROAD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DEGRACE, CHRISTIE STREET ADDRESS 10034 W MCNAB ROAD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROBERTS, LEON STREET ADDRESS 10034 W MCNAB ROAD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME Jennifer Donovan Cull STREET ADDRESS 10034 W. Mc Nab Road CITY-ST-ZIP Tamarac, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jennifer Donovan Cull* **Jennifer Donovan Cull** 2/15/06 (954) 718-9903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR