
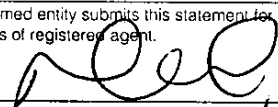


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90096 037 ****61.25

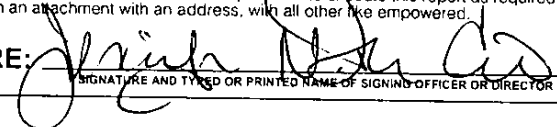
DOCUMENT # N04000006742			
1. Entity Name CATALINA ISLES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O CCM, IN 10034 W MCNAB ROAD TAMARAC, FL 33321		Mailing Address C/O CCM, INC 10034 W MCNAB ROAD TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1351198		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. 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: <u>Brough, Chadrow & Levine PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>1900 N. Commerce Pkwy.</u> City: <u>Weston</u> FL Zip Code: <u>33326</u>	
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: 		MICHAEL S. CHADROW, ESQ. BROUGH, CHADROW & LEVINE, P.A. 3-5-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 type="checkbox"/> Delete	TITLE: <u>D</u> NAME: <u>CRUSH, MIKE</u> 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: <u>Sec</u> NAME: <u>Pamela Hague</u> STREET ADDRESS: <u>10034 W. McNab Rd</u> CITY-ST-ZIP: <u>Tamarac, FL 33321</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: HOLTZMAN, MARK STREET ADDRESS: 10034 W MCNAB ROAD CITY-ST-ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE: <u>D</u> NAME: <u>Carlos Mendonca</u> STREET ADDRESS: <u>10034 W. McNab Rd</u> CITY-ST-ZIP: <u>Tamarac, FL 33321</u>	<input type="checkbox"/> Change <input checked="" 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: <u>TD</u> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" 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: CIULL, JENNIFER D STREET ADDRESS: 10034 WEST MCNAB RD CITY-ST-ZIP: TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE: <u>NAME</u> NAME: <u>ciullo, Jennifer</u> STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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01312007 Chg-NP CR2E037 (12/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 D. Ciullo 2/3/07 954-253-3173