

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# N04000006742

Entity Name: CATALINA ISLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-1351198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROUGH, CHADROWE L P.A.  
1900 N. COMMERCE PKWY.  
WESTON, FL 33326      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CRUSH, MIKE  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: P      ( ) Delete  
Name: KRAUS, LAURA  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: VP      ( ) Delete  
Name: HAGUE, PAMELA  
Address: 10034 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: TD      ( ) Delete  
Name: DEGRACE, CHRISTIE  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: SC      ( ) Delete  
Name: MENDONCA, CARLOS  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: T      ( ) Delete  
Name: CIULLO, JENNIFER  
Address: 10034 WEST MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

**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:

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

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: LAURA KRAUS

P

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date