

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006742

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**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:**

C/O CCM, INC  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

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

**New Mailing Address:**

C/O CCM, INC  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**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: P  
Name: CIULLO, JENNIFER  
Address: 7124 N. NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: CHRUSCH, MIKE  
Address: 7124 N. NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: T  
Name: HAGUE, PAMELA  
Address: 7124 N. NOB HILL ROAD.  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER CIULLO

P

02/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date