

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007860

FILED
Feb 27, 2009
Secretary of State

Entity Name: CATALINA AT WINKLER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13880 TREELINE AVENUE SOUTH
SUITE 3
FORT MYERS, FL 33913

New Principal Place of Business:

8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907

Current Mailing Address:

13880 TREELINE AVENUE SOUTH
SUITE 3
FORT MYERS, FL 33913

New Mailing Address:

8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907

FEI Number: 55-0900475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, JUAN E
80 SW 8TH STREET SUITE 2550
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907 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: KENNETH W. HAYDEN

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COFFIN, T. FAWN
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

Title: VD () Delete
Name: PENTECOST, JONATHON
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

Title: STD () Delete
Name: RATZ, JAMES
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COFFIN, T. FAWN
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

Title: V (X) Change () Addition
Name: PENTECOST, JONATHON
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

Title: ST (X) Change () Addition
Name: RATZ, JAMES
Address: 13880 TREELINE AVENUE SOUTH
City-St-Zip: FORT MYERS, FL 33913

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: T. FAWN COFFIN

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date