

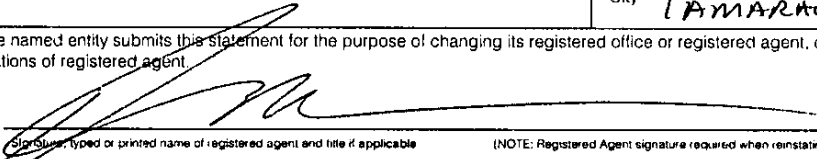
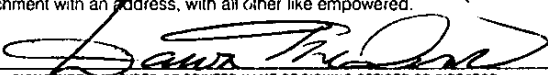


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000003916</b> 1. Entity Name <b>SANTA CATALINA TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CONSOLIDATED COMM. MGMT, INC. TAMARAC, FL 33321</b>			Mailing Address <b>10034 WEST MCNAB RD TAMARAC, FL 33321</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		06 OCT 25 8:42  <b>600081252256</b> 10/26/06--01093--003 **61.25 	
City & State		City & State		4. FEI Number <b>20-2731543</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIMBALL, PATRICIA F Delete C/O C.C.M. 10034 WEST MCNAB RD., TAMARAC, FL 33321</b>				7. Name and Address of New Registered Agent  Name: <b>James R. Miles</b> Street Address (P.O. box Number is Not Acceptable) <b>10034 W McNab Rd</b>  City: <b>TAMARAC</b> FL Zip Code: <b>33321</b>	
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  <span style="float: right;">8/25/06</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b> NAME <b>MEDINA, DAWN</b> STREET ADDRESS <b>101 SOUTH SANTA CATALINA CIRCLE</b> CITY-ST-ZIP <b>NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>101 S. Santa Catalina Circle</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b> NAME <b>OCCHINO, TINA</b> STREET ADDRESS <b>416 SOUTH SANTA CATALINA CIR</b> CITY-ST-ZIP <b>NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>1416 S. Santa Catalina Circle</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>ST</b> NAME <b>MACREM, PATRICIA</b> STREET ADDRESS <b>1203 SANTA CATALINA LN</b> CITY-ST-ZIP <b>NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete	TITLE <b>ST</b> NAME <b>MACREW, Patricia.</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>CHARVET, JACQUI</b> STREET ADDRESS <b>303 SOUTH SANTA CATALINA ADR</b> CITY-ST-ZIP <b>NORTH LAUDERDALE, FL 33068</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>303 South Santa Catalina circle</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Allen Tawana</b> STREET ADDRESS <b>102 South Santa Catalina Cir</b> CITY-ST-ZIP <b>North Lauderdale, FL 33068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				<b>8/30/06</b> <b>954-221-6094</b> <small>Date Daytime Phone #</small>	