2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-28-2008 90343 003 ****61.25

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03172008 Chg-NP CR2E037 (12/06)

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1. Entity Name
CATALINA CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110	12709 TAMIAMI TR. E. NAPLES, FL 34113

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4735 Santa Barbara Blvd	c/o Colonial Square Realty
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 10608
City & State Naples FL	City & State Naples FL
Zip 34104 Country USA	Zip 34101 Country USA

4. FEI Number
20-3992117
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GATES, TODD E 12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110	Name: Colonial Square Realty Inc Street Address (P.O. Box Number is Not Acceptable): 1048 Goodlette Road #201 City: Naples FL Zip Code: 34102

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: _____ Clifford Olson 4/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GATES, TODD E 12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISCO, JEANETTE 12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Flavin, John 12810 Tamiami Trail N Naples FL 34110 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ankney, Karen B. 12810 Tamiami Trail North Naples, FL 34110 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Karen B. Ankney Karen B. Ankney 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #