2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000007396

RT FILED May 27, 2009 Secretary of State

Entity Name: CATALINA ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8004 NW 154 ST STE 108 28609 HWY 27 N MIAMI LAKES, FL 33016 DUNDEE, FL 33838

Current Mailing Address: New Mailing Address:

8004 NW 154 ST STE 108 P.O. BOX 510 DUNDEE, FL 33016 DUNDEE, FL 33838

FEI Number: 20-5227752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAGE, ANGEL GARRISON PROPERTY SERVICES, LLC 8004 NW 154 ST STE 108 28609 HWY 27 N

MIAMI LAKES, FL 33016 US DUNDEE, FL 33838 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: GARRISON PROPERTY SERVICES, LLC 05/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 LAGE, ANGEL
 Name:
 WILLIAMS, LILLIAN PRES

 Address:
 8004 NW 154 ST STE 108
 Address:
 2773 L B MCLEOD RD APT B

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 ORLANDO, FL 32805

Title: () Delete Title: VP () Change (X) Addition
Name: STARKS, DAISY VP
Address: 2755 L B MCL FOD RD APT A

Address: Address: 2755 L B MCLEOD RD APT A City-St-Zip: ORLANDO, FL 32805

Title: () Delete Title: T/S () Change (X) Addition

 Name:
 Name:
 EVANS, SHIRLEY T/S

 Address:
 Address:
 2771 L B MCLEOD RD APT A

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32805

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 COTTON, ELIGHA D

 Address:
 Address:
 2789 L B MCLEOD RD APT D

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32805

Name: Name: ALLEN, BEN D

 Address:
 Address:
 2765 L B MCLEOD RD APT A

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32805

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: LILLIAN WILLIAMS P 05/27/2009