

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007396

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** CATALINA ISLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 20-8282274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HART, JAMES W JR  
C/O SENTRY MANAGEMENT, INC.  
2180 W. SR 434, STE 5000  
LONGWOOD, FL 327795044 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: WILLIAMS, LILLIAN  
Address: 2773 L B MCLEOD RD APT B  
City-St-Zip: ORLANDO, FL 32805

Title: VP  
Name: STARKS, DAISY  
Address: 2755 L B MCLEOD RD APT A  
City-St-Zip: ORLANDO, FL 32805

Title: TSD  
Name: WILSON, ANN  
Address: 2787 L B MCLEOD RD APT A  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: COTTON, ELIGHA  
Address: 2789 L B MCLEOD RD APT D  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: ALLEN, BEN  
Address: 2765 L B MCLEOD RD APT A  
City-St-Zip: ORLANDO, FL 32805

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: LILLIAN WILLIAMS

PD

03/09/2010

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

\_\_\_\_\_  
Date