
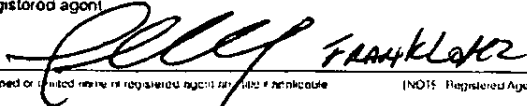
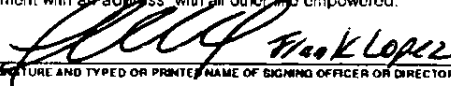


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90413 010 \*\*\*\*61.25

DOCUMENT # N06000010428			
1. Entity Name CATALONIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2742 SW 8TH ST., SUITE Z MIAMI FL 33145		Mailing Address 2742 SW 8TH ST., SUITE Z MIAMI FL 33145	
2. Principal Place of Business - No P.O. Box # 2742 SW 27th AVE		3. Mailing Address PO Box 140937	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State Coral Gables FL	
4. FEI Number 205669255		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ. 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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.		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: 		DATE: 11/18/07	
SIGNATURE: _____		DATE: _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	LOPEZ, FRANK		
STREET ADDRESS	2742 SW 8TH ST., SUITE Z		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	MUNILLA, PEDRO R		
STREET ADDRESS	2742 SW 8TH ST., SUITE Z		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE	STD	<input type="checkbox"/> Delete	
NAME	GALDO, SUNNY		
STREET ADDRESS	2742 SW 8TH ST., SUITE Z		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2742 SW 8th St Suite 21		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2742 SW 8th St Suite 21		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2742 SW 8th St Suite 21		
CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.			
SIGNATURE: 		DATE: 1-18-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	