

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41271

FILED  
Jun 21, 2005  
Secretary of State

**Entity Name:** CATALINA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

335 ALBRITT AVE.  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

335 ALBRITT AVE.  
PENSACOLA, FL 32506 US

**New Mailing Address:**

**FEI Number:** 59-3068650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WYSE, ANNETTA L PRESIDE  
321 ALBRITT AVE.  
PENSACOLA, FL 32506 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: VP ( ) Delete  
Name: WHITE, JAMES  
Address: 328 ALBRITT AVE  
City-St-Zip: PENSACOLA, FL 32506

Title: P ( ) Delete  
Name: WYSE, ANNETTA L PRESIDE  
Address: 321 ALBRITT  
City-St-Zip: PENSACOLA, FL 32506

Title: S ( ) Delete  
Name: WYSE, C. B. SECRETA  
Address: 321 ALBRITT  
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete  
Name: SCHIEDEL, CHUCK TREASUR  
Address: 44 DOMITILLA STREET  
City-St-Zip: PENSACOLA, FL 32506

Title: BMD ( ) Delete  
Name: WILKINS, ROBERT BMD  
Address: 224 BRIDGE CITY DRIVE  
City-St-Zip: PENSACOLA, FL 32506

Title: BMD ( ) Delete  
Name: ALLEN, VICKY BMD  
Address: 116 BASS LAKE DRIVE  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNETTA L. WYSE

PRES

06/21/2005

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

\_\_\_\_\_  
Date