

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41271

FILED
Jul 08, 2007
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:

Name and Address of New Registered Agent:

WYSE, ANNETTA L PRESIDE
321 ALBRITT AVE.
PENSACOLA, FL 32506 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WHITE, JAMES V P
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: WILLIAMS, KELLY SECRETA
Address: 14 DOMITALLA STREET
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: PARKER, BETTY TREASUR
Address: 14 DOMITILLA STREET
City-St-Zip: PENSACOLA, FL 32506

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

Title: BMD () Delete
Name: OTIS, MARGARET BMD
Address: 309 ALBRITT AVE
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 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: ANNETTA L WYSE

PRES

07/08/2007

Electronic Signature of Signing Officer or Director

Date