

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 010 \*\*\*\*61.25

<b>DOCUMENT # N41271</b> 1. Entity Name <b>CATALINA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>335 ALBRITT AVE.</b> <b>PENSACOLA, FL 32506 US</b>			Mailing Address <b>335 ALBRITT AVE.</b> <b>PENSACOLA, FL 32506 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3068650</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WYSE, ANNETTA L PRESIDE</b> <b>321 ALBRITT AVE.</b> <b>PENSACOLA, FL 32506</b>			7. Name and Address of New Registered Agent Name <b>James White</b> Street Address (P.O. Box Number is Not Acceptable) <b>328 Albritt</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32506</b>		
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 <b>3-24-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE VP NAME WHITE, JAMES V P STREET ADDRESS 328 ALBRITT AVE CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE P NAME James White STREET ADDRESS 328 Albritt CITY-ST-ZIP Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME WYSE, ANNETTA L PRESIDE STREET ADDRESS 321 ALBRITT CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE UP NAME Armond Tinsley STREET ADDRESS 100 Bass Lake CITY-ST-ZIP Pensacola FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WILLIAMS, KELLY SECRETA STREET ADDRESS 14 DOMITILLA STREET CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE S NAME Keller, William STREET ADDRESS 14 Domitilla CITY-ST-ZIP Pensacola, FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PARKER, BETTY TREASUR STREET ADDRESS 14 DOMITILLA STREET CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE T NAME Betty Parker STREET ADDRESS 14 Domitilla CITY-ST-ZIP Pensacola, FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BMD NAME WYSE, C. B. BMD STREET ADDRESS 321 ALBRITT AVE CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE BMD NAME Joseph Reyna STREET ADDRESS 100 Bass Lake CITY-ST-ZIP Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BMD NAME OTIS, MARGARET BMD STREET ADDRESS 309 ALBRITT AVE CITY-ST-ZIP PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE BMD NAME Margaret Otis STREET ADDRESS 309 Albritt CITY-ST-ZIP Pensacola, FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE:			3-24-08 850-458-2250		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					