

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41271

FILED  
Mar 27, 2009  
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:

14 DOMITILLA STREET  
PENSACOLA, FL 32506 US

## Current Mailing Address:

335 ALBRITT AVE.  
PENSACOLA, FL 32506 US

## New Mailing Address:

14 DOMITILLA STREET  
PENSACOLA, FL 32506 US

FEI Number: 59-3068650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, JAMES  
328 ALBRITT  
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: P ( ) Delete  
Name: WHITE, JAMES  
Address: 328 ALBRITT  
City-St-Zip: PENSACOLA, FL 32506

Title: VP ( ) Delete  
Name: ARMOND, TINSLEY  
Address: 100 BASS LAKE  
City-St-Zip: PENSACOLA, FL 32506

Title: S ( ) Delete  
Name: KELLERY, WILLIAM  
Address: 14 DEDITILLA  
City-St-Zip: PENSACOLA, FL 32520

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

Title: BMD ( ) Delete  
Name: RAGAN, JOSEPH  
Address: 100 BASS LAKE  
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: S (X) Change ( ) Addition  
Name: WILLIAMS, KELLEY  
Address: 14 DOMITILLA  
City-St-Zip: PENSACOLA, FL 32506

Title: T (X) Change ( ) Addition  
Name: PARKER, BETTY  
Address: 14 DOMITILLA  
City-St-Zip: PENSACOLA, FL 32506

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: BETTY PARKER

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date