

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# N41271

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