

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90078 028 ****61.25

DOCUMENT # N93000004255 1. Entity Name CATALINA ON THE GREEN VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PROPERTY MGMT. RESOURCES 4000 S 57 AVE - STE 101 LAKEWORTH, FL 33463 US			Mailing Address C/O PROPERTY MGMT RESOURCES 4000 S 57TH AVE LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0560321				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESCHES, LARRY ESPERANTS BLDG. 222 LAKEVIEW AVE STE 260 WEST PALM BEACH, FL 33401-6146			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASCARI, DARIA <input checked="" type="checkbox"/> Delete 6248 FLORIDIAN CIRCLE LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROEMMELE, WARREN G <input type="checkbox"/> Delete 6389 BRIDGEPORT LN LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENAMAZ, DANIEL <input type="checkbox"/> Delete 6276 FLORIDIAN CIR LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN STEIN, CYNDI <input type="checkbox"/> Delete 6280 FLORIDIAN CIR LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVKIND, DELORES <input type="checkbox"/> Delete 6220 FLORIDIAN CIR LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVKIND, DELORES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6220 FLORIDIAN CIR LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTANO, JILL <input type="checkbox"/> Delete 6240 FLORIDIAN CIR LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Warren G. Roemmele</i> 1/10/05 561-906-5730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					