

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90237 008 \*\*\*\*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

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0560321**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 **LOU CAPLAN / SACHS, SAK KLEIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 4150**  
**301 YAMATO ROAD.**  
City **BOCA RATON** FL Zip **33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROEMMELE, WARREN G	
STREET ADDRESS	6389 BRIDGEPORT LN	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENAMAZ, DANIEL	
STREET ADDRESS	6276 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN STEIN, CYNDI	
STREET ADDRESS	6280 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIVKIND, DELORES	
STREET ADDRESS	6220 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	PONTANO, JILL	
STREET ADDRESS	6240 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENAMAZ, DANIEL	
STREET ADDRESS	6276 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSTEIN, CYNDI	
STREET ADDRESS	6280 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERGIERE, LORI	
STREET ADDRESS	6376 BRIDGEPORT LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTANO, JILL	
STREET ADDRESS	6240 FLORIDIAN CIR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #