2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004255



FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90237 008 ****61.25

CATALINA ON THE GREEN VILLAGE HOMEOWNERS ASSOCIATION, INC.												
Principal Place of Business C/O PROPERTY MGMT. RESOURCES C/O PROPERTY MGMT. RESOURCES C/O PROPERTY MGMT RESOURCES								e jenikur win		ēšin šķin adlil Si	DIR MYRL GUST RIV	ici) e: Jest
2. Principal Place of Business 3.			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01062006	Chg-NP	CR2E0	37 (11/05)	
City & State			City	City & State				4. FEI Number 65-0560				plied For t Applicable
Zip	Country			Zip Countr				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	t Registere	d Agent				7. Name and	Address of New	Registered	Agent	
MESCHES, LARRY ESPERANTS BLDG. 222 LAKEVIEW AVE						Name /	OU ddress (CAPIAA P.O. Box Number	SAC F	15, 5A (ald)	X KIEI	N
STE 260				Suite				7/30	Nm. 1			
WEST PALM BEACH, FL 33401-6146						301 VAMATO ROAL.					UKI	
	named entity	y submits this statement f	for the purpo	ose of changing its	register	ed office o	r register	red agent, or both	n, in the State of		familiar with,	and accept
		•										
SIGNATURE.	Signature, typed	or printed name of registered agen	nt and title if appl	Icable. (NOTI	E: Registere	ed Agent algrat	ure required	when reinstating)	·	DATE		
SIGNATURE	Filing Fe	or printed name of registered ager e Is \$61.25 Asy 1, 2006	nt and title if appl	9. Election Car Trust Fund (npaign f	inancing	Live required	\$5.00 May Be Added to Fees	5 F		k payable to	
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOKO OFFICER OR DIRECTOR

Description 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.

Description of the corporation of 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.

Description of the corporation of 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.

Description of 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 in 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 in the receiver of the receiver or trustee empowered to execute the receiver or trustee empowered to

SIGNATURE: