

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90052 019 \*\*\*\*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**

40073756



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

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  
LOU CAPLAN/SACHS, SAX KLEIN  
STE 4150 301 YAMATO RD  
BOCA RATON, FL 33481**

7. Name and Address of New Registered Agent

Name **Louis Caplan To Sachs + Sax**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 YAMATO ROAD**  
**Suite 4150**  
City **BOCA RATON** FL Zip Code **33431**

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

3/12/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BENAMAZ, DANIEL**  
CITY-ST-ZIP **6276 FLORIDIAN CIR  
LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **GREEN STEIN, CYNDI**  
CITY-ST-ZIP **6280 FLORIDIAN CIR  
LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LAVERRIENE, LORI**  
CITY-ST-ZIP **6376 RIDGEPORT LANE  
LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **PONTANO, JILL**  
CITY-ST-ZIP **6240 FLORIDIAN CIR  
LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**DANIEL BENAMAZ**

1-71-07

Date

Daytime Phone #