

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004255

FILED
Mar 03, 2009
Secretary of State

Entity Name: CATALINA ON THE GREEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PROPERTY MGMT. RESOURCES
4000 S 57 AVE - STE 101
LAKEWORTH, FL 33463 US

New Principal Place of Business:

C/O CAMPBELL PROPERTY MANAGEMENT
5980 WINSTON TRAILS BLVD.
LAKEWORTH, FL 33463 US

Current Mailing Address:

C/O PROPERTY MGMT. RESOURCES
4000 S 57TH AVE
LAKE WORTH, FL 33463 US

New Mailing Address:

C/O CAMPBELL PROPERTY MANAGEMENT
5980 WINSTON TRAILS BLVD.
LAKEWORTH, FL 33463 US

FEI Number: 65-0560321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS CAPLAN % SACHS & SAX
301 YAMATO RD
STE 4150
BOCA RATON, FL 33431 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: PD () Delete
Name: GREENSTEIN, CYNTHIA B
Address: 6280 FLORIDIAN CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: PD (X) Delete
Name: GREEN STEIN, CYNDI
Address: 6280 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: VPD () Delete
Name: PAVNOVICH, TOM
Address: 6273 FLORIDIAN CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: SD (X) Delete
Name: PONTANO, JILL
Address: 6240 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: FELNER, CAROL
Address: 6235 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: TD () Delete
Name: DELMEDICO, REBECCA
Address: 6281 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENSTEIN, CYNDI
Address: 6280 FLORIDIAN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYNDI GREENSTEIN

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date