


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90044 034 ****61.25

| | | | | | |
|---|----------------------|---|---|---|--|
| DOCUMENT # N94000002951 | | | |  | |
| 1. Entity Name CATALINA HOME OWNERS ASSOCIATION OF MANATEE, INC. | | | | | |
| Principal Place of Business C/O WALTER VOGLER 7719 13TH AVE NW BRADENTON, FL 34209 | | | Mailing Address C/O WALTER VOGLER 7719 13TH AVE NW BRADENTON, FL 34209 | | |
| 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 65-0524405 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COVELL, MELANIE 7712 9TH AVE. DR. NW BRADENTON, FL 34209 | | | | Name WALTER VOGLER | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 7719-13 th AVE NW | |
| | | | | City BRADENTON | |
| | | | | Zip Code FL 34209 | |
| 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 | | <i>Walter H. Vogler</i> | | Walter Vogler Secy/Treas. 3/24/05 | |
| | | Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 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 | T | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COVELL, MELANIE F | | NAME | RICH PAL | |
| STREET ADDRESS | 7712 9TH AVE. DR. NW | | STREET ADDRESS | 1120 76 th ST. NW | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PENDLETON, DIANE | | NAME | WALTER VOGLER | |
| STREET ADDRESS | 7693 13TH AVE. NW | | STREET ADDRESS | 7719-13 th AVE N.W | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANDELL, CHERYL | | NAME | LILLIAN MULFORD | |
| STREET ADDRESS | 1008 77TH ST. NW | | STREET ADDRESS | 1204 76 th ST. N.W. | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANCASTER, B | | NAME | FRANK LEANZA | |
| STREET ADDRESS | 1111 77TH ST. NW | | STREET ADDRESS | 1108 77 th ST. CT. NW | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANTHONY, JOHN | | NAME | CHARLES BEST | |
| STREET ADDRESS | 7703-12TH AVENUE NW | | STREET ADDRESS | 1220 77 th ST. CT. NW | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | CHARLES LEIST | |
| STREET ADDRESS | | | STREET ADDRESS | 7704 12 th AVE N.W. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | BRADENTON FL. 34209 | |
| 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>Walter H. Vogler</i> | | 3/24/05 941-795-2057 | |
| | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |