2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002951

1. Entity Name CATALINA HOME OWNERS ASSOCIATION OF MANATEE, INC.



Feb 06, 2008 8:00 am Secretary of State

FILED

SIGNATURE Signature Hyand or printed name of registered agent and ide # applicable. (NOTE: Registered Agent signature required when nerotations) DATE	MANATEE, INC.										
Sulfio, Apt. #, etc. City & State City & State 4. FET Number \$5.0524405 Applied For Not Applicate Replacement Replacement Applied Provided Pro	C/O WALTER VOGLER 7719 13TH AVE NW		C/O WALTER VOGLER 7719 13TH AVE NW		-t =t	.					
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VOGLER, WALTER H 7719 13TH AVE NW BRADENTON, FL 34209 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable obligations of registered agent, which is presented agent and site if acceptable agent. SIGNATURE Signature, hyand or printed name of registered agent and site if accidable. (NOTE Registered Agent symbols required agent and site if accidable. (NOTE Registered Agent symbols required agent and site if accidable. (NOTE Registered Agent symbols required agent and site if accidable. (NOTE Registered Agent symbols required agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am lamiliar with,	Zip	Country	Zip	Country					8.75 Add	itional	
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Street Address (P.O. Box Number is Not Acceptable) City	''OOLED !	· · · · · · · · · · · · · · · · · · ·		Name					 		
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	7719 13TH	AVE NW		Street Address			(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suprature, typed or printed name of registered agent and tole # accelerable. (NOTE: Registered Agent signature required when rewritating) DATE	D. O. L.										
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12. Thereby 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 cath; 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.

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