

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004432

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CATALINA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

314 NE 3RD ST  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

314 NE 3RD STREET  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-0844583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REITER, GEORGE PRE  
CAMS  
314 NE 3RD ST  
BOYNTON BEACH, FL 33435 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: VP ( ) Delete  
Name: CARTER, HAROLD  
Address: 3249 EL CAMINO REAL  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: COHEN, MARILYN F  
Address: 3158 EL CAMINO REAL  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P ( ) Delete  
Name: SCALERA, DOMINIC  
Address: 3245 EL CAMINO REAL  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete  
Name: HANIF, ANNESTAIA  
Address: 3100 61 CAMINO RD  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HANIF, ANEESHA  
Address: 3100 EL CAMINO REAL  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ST (X) Change ( ) Addition  
Name: COHEN, MARILYN F  
Address: 3158 EL CAMINO REAL  
City-St-Zip: WEST PALM BEACH, FL 33409

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: SHERI MCKENZIE

BKPR

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date