


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90638 034 ****61.25

DOCUMENT # N99000007240
1. Entity Name
CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CAPITAL REALTY ADVISOR INC.
8895 N. MILITAR Y TRAIL E-201
PALM BEACH GARDENS FL 33410 C/O CAPITAL REALTY ADVISOR INC.
8895 N. MILITAR Y TRAIL E-201
PALM BEACH GARDENS FL 33410

14001017



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Capital Realty Advisors, Inc. " " " "
Suite, Apt. #, etc. Suite, Apt. #, etc.
600 Sandtree Dr., #109
City & State City & State
PBG, FL 33403
Zip Country Zip Country
33403 USA

4. FEI Number Applied For
65-0967289 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONNIA MCDONALD
C/O CAPITAL REALTY ADVISORS INC.
8895 N. MILITARY TRAIL 201-E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
Name Donna McDonald
Street Address (P.O. Box Number is Not Acceptable)
600 Sandtree Dr., #109
City Palm Beach Gardens FL Zip Code 33403

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: *Donna McDonald* DATE: 4-5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PIERMAN, JOE	
STREET ADDRESS	459 CAPISTRAND DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, STAHL	
STREET ADDRESS	426 CAPISTRAND DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRON, MITCHELL	
STREET ADDRESS	415 CAPISTRANO DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEMPSEY, ELLEN	
STREET ADDRESS	444 CAPISTRAND DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, RICHARD W	
STREET ADDRESS	349 SALINAS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oremland, Andy	
STREET ADDRESS	433 Capistrano Drive	
CITY-ST-ZIP	PBG, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dilegge, Jan	
STREET ADDRESS	406 Capistrano Dr	
CITY-ST-ZIP	PBG, FL 33410	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barron, Mitchell	
STREET ADDRESS	415 Capistrano Dr.	
CITY-ST-ZIP	PBG, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Webber, Pam	
STREET ADDRESS	312 Salinas Dr.	
CITY-ST-ZIP	PBG, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ellen Dempsey Ellen Dempsey* DATE: 4.6.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #