


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90037 027 \*\*\*\*61.25

<b>DOCUMENT # N99000007240</b>					
1. Entity Name CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CAPITAL REALTY ADVISOR INC. 600 SANDTREE DR., #109 PALM BEACH GARDENS, FL 33403		Mailing Address C/O CAPITAL REALTY ADVISOR INC. 600 Sandtree Drive, #109 Palm Beach Gardens, FL 33403			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0967289</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DONNIA MCDONALD C/O CAPITAL REALTY ADVISORS INC. 600 SANDTREE DR., #109 WEST PALM BEACH, FL 33403			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREMLAND, ANDY		NAME	Oremland, Andrew	
STREET ADDRESS	433 CAPISTRANO DRIVE		STREET ADDRESS	433apistrano Drive	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILEGGE, JAN		NAME	Sabin, Jeffrey	
STREET ADDRESS	406 CAPISTRANO DR		STREET ADDRESS	417 Capistrano Drive	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRON, MITCHELL		NAME	Dempsey, Ellen	
STREET ADDRESS	415 CAPISTRANO DR.		STREET ADDRESS	444 Capistrano Drive	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, ELLEN		NAME	Webber, Douglas	
STREET ADDRESS	444 CAPISTRAND DRIVE		STREET ADDRESS	312 Salinas Drive	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, PAM		NAME	DiLegge, Janice	
STREET ADDRESS	312 SALINAS DR.		STREET ADDRESS	406 Capistrano Drive	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ellen Dempsey, Treasurer</i>				Date: <i>3/8/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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