


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90181 002 \*\*\*\*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. 8895 N. MILITAR Y TRAIL E-201 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/O CAPITAL REALTY ADVISOR</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>600 SANDTREE DR STE 109</i>		
City & State		City & State <i>PALM BEACH GARDENS FL</i>		
Zip	Country	Zip	Country	4. FEI Number 65-0967289
<i>33410</i>	<i>USA</i>	<i>33410</i>	<i>USA</i>	Applied For <input type="checkbox"/> Not Applicable
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
		Make check payable to <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OREMLAND, ANDREW	NAME		
STREET ADDRESS	433 CAPISTRANO DRIVE	STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILTAN, SEAN	NAME		
STREET ADDRESS	455 CAPISTRAND DR	STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMPESEY, ELLEN	NAME		
STREET ADDRESS	444 CAPISTRAND DRIVE	STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBBER, DOUG	NAME		
STREET ADDRESS	312 SAUNAS DR	STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP		
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		
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 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 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.				
<b>SIGNATURE:</b> <i>Ellen Dempsey</i>		TREASURER		Date: <i>4/10/07</i> Daytime Phone #: <i>561-624-5888</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>

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