2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006742

Entity Name: CATALINA ISLES HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 25, 2016
Secretary of State
CC5305423869

Current Principal Place of Business:

C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 W. CYPRESS CREEK RD. SUITE 201 FT. LAUDERDALE, FL 33309

Current Mailing Address:

C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 W. CYPRESS CREEK RD. SUITE 201 FT. LAUDERDALE, FL 33309 US

FEI Number: 20-1351198 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PKWY. WESTON, FL 33326 US

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: DAVID BROUGH 01/25/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP Title PRESIDENT

Name MCCOY, KATHLEEN Name SMITH, KEISHA

Address 2945 W. CYPRESS CREEK RD. Address 2945 W. CYPRESS CREEK RD.

SUITE 201 SUITE 201

City-State-Zip: FT. LAUDERDALE FL 33309 City-State-Zip: FT. LAUDERDALE FL 33309

Title TREASURER, SECRETARY Title DIRECTOR

Name BADARACCO, JONAH Name RAMNATH, NAVIN

Address 2945 W. CYPRESS CREEK RD. Address 2945 W. CYPRESS CREEK RD.

SUITE 201 SUITE 201

City-State-Zip: FT. LAUDERDALE FL 33309 City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR

Name ROOPCHAND, KRISHA

Address 2945 W. CYPRESS CREEK RD.

SUITE 201

City-State-Zip: FT. LAUDERDALE FL 33309

I hereby 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 all other like empowered.

SIGNATURE: KEISHA SMITH PRESIDENT 01/25/2016

Date