

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007860

**Entity Name:** CATALINA AT WINKLER HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 13, 2023**  
**Secretary of State**  
**5082806372CC**

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FT. MYERS, FL 33912

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FT. MYERS, FL 33912 US

**FEI Number: 30-0869927**

**Certificate of Status Desired: No**

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

ASSOCIA  
C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FT. MYERS, FL 33912 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: HEATHER BROKAW**

**02/13/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAUER, DIANE  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FT. MYERS FL 33912

Title            VP  
Name            WILLIAMS, BRIAN  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FT. MYERS FL 33912

Title            TREASURER  
Name            HALL, CHRISTOPHER  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FT. MYERS FL 33912

Title            SECRETARY  
Name            MARSHALL, JESSICA  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FT. MYERS FL 33912

Title            DIRECTOR  
Name            JOHNSTON, FLOYD  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FT. MYERS FL 33912

*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: BAUER , DIANE**

**PRESIDENT**

**02/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date