## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007240

Entity Name: CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 30, 2020
Secretary of State
4003223374CC

## **Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS, INC.

600 SANDTREE DR., #109

PALM BEACH GARDENS, FL 33403

## **Current Mailing Address:**

C/O CAPITAL REALTY ADVISORS, INC.

600 SANDTREE DR., #109

PALM BEACH GARDENS, FL 33403 US

FEI Number: 65-0967289 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS, INC. C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., #109 PALM BEACH GARDENS, FL 33403 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: LISA MOORE 06/30/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VP/D

Name PEROULAKIS, PANTELIS Name SMITH, KATHLEEN

Address C/O CAPITAL REALTY ADVISORS, Address C/O CAPITAL REALTY ADVISORS,

600 SANDTREE DR., #109 600 SANDTREE DR., #109

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

Title TD Title D/SEC

Name PORTER, MICHAEL Name GIRARD, BARBARA

Address C/O CAPITAL REALTY ADVISORS, Address C/O CAPITAL REALTY ADVISORS,

600 SANDTREE DR., #109 600 SANDTREE DR., #109

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

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.