Entity Name: CATALINA LAKES HOMEOW	NERS ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., #109 PALM BEACH GARDENS, FL 33403

DOCUMENT# N99000007240

# **Current Mailing Address:**

C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., #109 PALM BEACH GARDENS, FL 33403

# FEI Number: 65-0967289

#### 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	E LISA MOORE		04/13/2015
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	D/SEC	Title	VP/D
Name	BAILEY, KATHERINE	Name	KILTAN, SEAN
Address	475 CAPISTRANO DRIVE	Address	455 CAPISTRANO DR
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	TD	Title	PD
Name	DEMPSEY, ELLEN	Name	CONNELL, KEITH
Address	444 CAPISTRANO DRIVE	Address	402 CAPISTRANO DR
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	D		
Name	PENA, ELIZABETH		
Address	483 CAPISTRANO DRIVE		
City-State-Zip:	PALM BEACH GARDENS FL 33410		

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.

PD

# SIGNATURE: KEITH CONNELL

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/13/2015 Date