## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007240

Entity Name: CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 04, 2013
Secretary of State
CC0168118169

## **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

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 04/04/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title VI

Name PENA, ELIZABETH Name KILTAN, SEAN

Address 483 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 KILCULLEN, KATE

Address 444 CAPISTRANO DRIVE Address 493 CAPISTRANO DR

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title SD

Name CONNELL, KEITH

Address 402 CAPISTRANO DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33410

Electronic Signature of Signing Officer/Director Detail

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.