

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007240

**Entity Name:** CATALINA LAKES HOMEOWNERS ASSOCIATION, INC.

**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

03/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/ASST. TREAS.  
Name PEROULAKIS, PANTELIS  
Address 425 CAPISTRANO DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP/D  
Name KILTAN, SEAN  
Address 455 CAPISTRANO DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TD  
Name DEMPSEY, ELLEN  
Address 444 CAPISTRANO DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PD  
Name CONNELL, KEITH  
Address 402 CAPISTRANO DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D/SEC.  
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.*

**SIGNATURE:** KEITH CONNELL

PD

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date