

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007240

**FILED**  
**Mar 12, 2021**  
**Secretary of State**  
**9228274845CC**

**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 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

03/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PEROULAKIS, PANTELIS  
Address C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DR., #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title VP/D  
Name SMITH, KATHLEEN  
Address C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DR., #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title SD/ASST. TREASURER  
Name PORTER, MICHAEL  
Address C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DR., #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title TD  
Name POSTMA, NICOLE  
Address C/O CAPITAL REALTY ADVISORS, INC  
600 SANDTREE DR. #109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title D  
Name ROSE, TIM  
Address C/O CAPITAL REALTY ADVISORS, INC  
600 SANDTREE DR. #109  
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.*

**SIGNATURE:** PANTELIS PEROULAKIS

PD

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date