

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 042 ****61.25

DOCUMENT # 752578 1. Entity Name EL CORTIJO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1171 N. OCEAN BLVD GULFSTREAM, FL 33483			Mailing Address 1171 N. OCEAN BLVD GULFSTREAM, FL 33483		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2270915 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, ERIK J 1171 N OCEAN BLVD DELRAY BEACH, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, BRIAN		NAME		
STREET ADDRESS	1171 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM, FL 33483		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILTON, SUSAN		NAME		
STREET ADDRESS	1171 NO. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM, FL 33483		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASTER, DONALD		NAME	Patrick Keenan	
STREET ADDRESS	1171 N. OCEAN BLVD. 3BN		STREET ADDRESS	1171 N. Ocean Blvd 1AN	
CITY-ST-ZIP	GULF STREAM, FL 33483		CITY-ST-ZIP	Gulfstream, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKELEY, GERALD		NAME	Richard McSherry	
STREET ADDRESS	1171 N. OCEAN BLVD		STREET ADDRESS	1171 N. Ocean Blvd 2CN	
CITY-ST-ZIP	GULFSTREAM, FL 33483		CITY-ST-ZIP	Gulfstream FL 33483	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAGAN, H. GEORGE		NAME	Arthur Bauernfeind	
STREET ADDRESS	1171 N. OCEAN BLVD. 1BN		STREET ADDRESS	1171 N. Ocean Blvd 4AN	
CITY-ST-ZIP	GULFSTREAM, FL 33483		CITY-ST-ZIP	Gulfstream, FL 33483	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Susan F. Hilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/07 561-272-9694 <small>Date Daytime Phone #</small>		