

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N06000000574

04-04-2007 90170 002 \*\*\*\*61.25

1. Entity Name  
 CORTILE ASSOCIATION, INC.



Principal Place of Business  
 9130 GALLERIA COURT STE 200  
 NAPLES, FL 34109,

Mailing Address  
 9130 GALLERIA COURT STE 200  
 NAPLES, FL 34109

400700



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

2220 Sand C Blvd  
 Suite 1  
 Naples, FL  
 34109 USA

03152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 20-4165480

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

R & A AGENTS, INC.  
 ATTN: C. NEIL GREGORY ESQ  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name C & L Management Services  
 Street Address (P.O. Box Number Not Acceptable)  
 2220 Sand C Blvd, Suite 1  
 City Naples FL Zip Code 34109

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

Robert P. Titus Managing Agent 3/31/07

Filing Fee is \$61.25  
 Due by May 1, 2007

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make check payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, MARK D	
STREET ADDRESS	9130 GALLERIA COURT STE 200	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	WILSON, STEPHEN G	
STREET ADDRESS	9130 GALLERIA COURT STE 200	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAYLOR, REBECCA	
STREET ADDRESS	9130 GALLERIA COURT STE 200	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Robert Titus 3/31/07 229-596-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #