

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90321 046 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N06000000634</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>CLUB CORTILE TOWNHOME OWNERS' ASSOCIATION, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>5401 SOUTH KIRKMAN RD.<br>STE. 450<br>ORLANDO, FL 32819   |  |   | <b>Mailing Address</b><br>5401 SOUTH KIRKMAN RD.<br>STE. 450<br>ORLANDO, FL 32819   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2801 CLUB CORTILE CIRCLE   |  | <b>3. Mailing Address</b><br>2801 CLUB CORTILE CIRCLE   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>KISSIMMEE  |  | <b>City &amp; State</b><br>KISSIMMEE  |   | <b>4. FEI Number</b><br>04-3841566   |  |
| <b>Zip</b><br>34746   |  | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>COMMUNITY MANAGEMENT PROFESSIONALS, INC.<br>5401 S. KIRKMAN RD.<br>STE. 450<br>ORLANDO, FL 32819  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: C.L. ATTENDING MANAGEMENT<br>Street Address (P.O. Box Number is Not Acceptable): 2801 CLUB CORTILE CIRCLE<br>City: KISSIMMEE FL Zip Code: 34746 |  |  |
| <b>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.</b>  |  |   |   |  |  |
| SIGNATURE:  |  |   |   | DATE: 24 APRIL 2008  |  |
| (NOTE: Registered Agent signature required when reinstating)  |  |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>HILL, DARRYL                    | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>BARKER, COLIN   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>1060 EDENS GATE COURT  | <b>CITY-ST-ZIP</b><br>LONGWOOD, FL 32750       |   | <b>STREET ADDRESS</b><br>2801 CLUB CORTILE CIRCLE   | <b>CITY-ST-ZIP</b><br>KISSIMMEE, FL 34746  |  |
| <b>TITLE</b><br>VD  | <b>NAME</b><br>SCHOFIELD, COLIN                | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>31120 INTERLACHEN DRIVE  | <b>CITY-ST-ZIP</b><br>MT. PLYMOUTH, FL 32776   |   | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>STD   | <b>NAME</b><br>MCNEELY, CONNIE                 | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>4257 SUNNY BROOK WAY   | <b>CITY-ST-ZIP</b><br>WINTER SPRINGS, FL 32708 |   | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                                | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                         |   | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                                | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                         |   | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                                | <input type="checkbox"/> Delete   | <b>TITLE</b><br>  | <b>NAME</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                         |   | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>   |  |
| <b>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.</b> |  |   |   |  |  |
| SIGNATURE:  |  |   | DATE: 24 APRIL 2008 843-333-1225  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |  |  |