2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N06000000634

Entity Name: CLUB CORTILE TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2801 CLUB CORTILL CIRCLE
KISSIMMEE, FL 34746

New Principal Place of Business:

2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746

Current Mailing Address:

2801 CLUB CORTILL CIRCLE
KISSIMMEE, FL 34746

New Mailing Address:

2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746

FEI Number: 04-3841566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C.L. ATTENTING MANAGEMENT
2801 CLUB CORTILL CIRCLE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

C&L ATTENTIVE MANAGEMENT, LLC.
2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746 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: COLIN BARKER 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILL, DARRYL
Address: 1060 EDENS GATE COURT
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: SCHOFIELD, COLIN
Address: 31120 INTERLACHEN DRIVE
City-St-Zip: MT. PLYMOUTH, FL 32776

Title: STD ( ) Delete
Name: MCNEELY, CONNIE
Address: 4257 SUNNY BROOK WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: COLIN, BARKER
Address: 2801 CLUB CORTILL CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COLIN, BARKER
Address: 2801 CLUB CORTILE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLIN BARKER O 03/17/2009
Electronic Signature of Signing Officer or Director Date