


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 030 ****61.25

DOCUMENT # N06000001261

1. Entity Name
CORTINA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1275 GATEWAY BLVD.
 BOYNTON BEACH, FL 33426**


Mailing Address
**1275 GATEWAY BLVD.
 BOYNTON BEACH, FL 33426**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02012007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-1229659

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY R
 1275 GATEWAY BLVD.
 BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

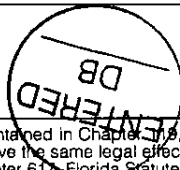
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, TIMOTHY R	
STREET ADDRESS	1275 GATEWAY BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LILLER, STEPHEN B	
STREET ADDRESS	1275 GATEWAY BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLATT, RONALD L	
STREET ADDRESS	1275 GATEWAY BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Batch #4493



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 708, 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: *Timothy R. Kelly* **Timothy R. Kelly, President** *2/6/07* **561-364-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #