
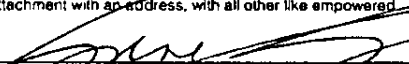


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/ FILED
Mar 23, 2007 8:00 am
Secretary of State

02-27-2007 90012 030 ****61.25

DOCUMENT # N06000005650					
1. Entity Name CORTA BELLA AT MONTERA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432			Mailing Address 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432		
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	01292007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5073170 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY R MARGOLIS, P.A. 200 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name LYNNE GAUDET / ENGLE HOMES Street Address (P.O. Box Number is Not Acceptable) 123 N.W. 13TH ST, Suite 300 City BOCA RATON FL Zip Code 33432		
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  DATE 2/22/07 <small>Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	DP GAUDET, LYNNE 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS YUTER, RON 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BIDWELL, MARK 123 N.W. 13TH STREET SUITE 300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6 DT LARRY GOLDSTEIN 123 N.W. 13TH ST. SUITE 300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2-7-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		