


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 10 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007558		
1. Entity Name CASTELLINA HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 3301 QUANTUM BLVD., 1ST FLOOR BOYNTON BEACH, FL 33426	Mailing Address 3301 QUANTUM BLVD., 1ST FLOOR BOYNTON BEACH, FL 33426
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07052007 Chg-NP CR2E037 (12/06)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASHBY, STEVEN 3301 QUANTUM BLVD., 1ST FLOOR BOYNTON BEACH, FL 33426		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 September 14, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKENHAGEN, KEVIN	NAME	
STREET ADDRESS	3301 QUANTUM BLVD., 1ST FLOOR	STREET ADDRESS	000109594190
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	09/18/07--01065--024 **61.25
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILDEBRANDT, STEVEN	NAME	STEVE ASHBY
STREET ADDRESS	3301 QUANTUM BLVD., 1ST FLOOR	STREET ADDRESS	3301 QUANTUM BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, MIKE	NAME	
STREET ADDRESS	3301 QUANTUM BLVD., 1ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUTER, RONALD	NAME	
STREET ADDRESS	123 NW 13TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, TAD	NAME	
STREET ADDRESS	123 NW 13TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Reynolds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_