

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719753** (6)

1. Corporation Name
CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
118 CASTLEWOOD DR. VILLA 127 **118 CASTLEWOOD DR. VILLA 127**
P O BOX 13125 **P O BOX 13125**
NORTH PALM BEACH FL 33408-2687 **NORTH PALM BEACH FL 33408-2687**

3. Date Incorporated or Qualified **11/25/1970** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-2068007** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PARRISH, BRUCE W JR
105 SO. NARCISSUS AVENUE, STE. 701
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGIO, NICHOLAS J., JR.	1.2 NAME	D. KIM BRAGG
STREET ADDRESS	132 WETTAWN LN, #115	1.3 STREET ADDRESS	118 CASTLEWOOD DR #129
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	NO. PALM BEACH FL 33408
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DZENUTIS, CATHERINE	2.2 NAME	ALEX GESTWA
STREET ADDRESS	129 LEHANE TERRACE #132	2.3 STREET ADDRESS	132 WETTAU LN #118
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	NO PALM BEACH FL 33408
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, DAN	3.2 NAME	
STREET ADDRESS	118 CASTLEWOOD DR #125	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	000001796830
NAME		5.2 NAME	-04/26/96--01094--012
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **TD DAN KILEY** *Dan Kiley* Date: **4/3/96** Daytime Phone #: **(407) 845-8678**

CR2E037 (12/95)