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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719753 (6)
1. Corporation Name
CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 118 CASTLEWOOD DR. VILLA 127 P O BOX 13125 NORTH PALM BEACH FL 33408-2687	Mailing Address 118 CASTLEWOOD DR. VILLA 127 P O BOX 13125 NORTH PALM BEACH FL 33408-7125
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3. Date Incorporated or Qualified 11/25/1970	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2068007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRAGG, D. KIM 118 CASTLEWOOD DR. #129 NO. PALM BEACH FL 33408	1.1 TITLE	PD KRISS, G, FRED 118 CASTLEWOOD DR. #126 NO. PALM BEACH, FL. 33408
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD DZENUTIS, CATHERINE 129 LEHANE TERRACE #132 N. PALM BEACH FL	2.1 TITLE	VD DZENUTIS, CATHERINE 129 LEHANE TERRACE #132 NO. PALM BEACH, FL. 33408
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KILEY, DAN 118 CASTLEWOOD DR #125 N. PALM BCH FL	3.1 TITLE	SD ELLIOT, SHAWN 132 WETTAU LANE #112 NO. PALM BEACH, FL. 33408
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD GESTWA, ALEX 132 WETTAU LN #118 NO. PALM BEACH FL 33408	4.1 TITLE	TD GESTWA, ALEX 132 WETTAU LANE # 118 NO. PALM BEACH, FL. 33408
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: Alex Gestwa REQUIRED ALEX GESTWA 4/11/1997 561-848-8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040525

CP2E037 (9/96)