

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 023 ****61.25

DOCUMENT # 719753

1. Entity Name

CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

118 CASTLEWOOD DR. VILLA 127
 P O BOX 13125
 NORTH PALM BEACH FL 33408-2687

118 CASTLEWOOD DR. VILLA 127
 P O BOX 13125
 NORTH PALM BEACH FL 33408-7125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2068007

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR
105 SO. NARCISSUS AVENUE, STE. 701
WEST PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KILEY, MARY BETH	
STREET ADDRESS	118 CASTLEWOOD DR., #125	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEONARD, JAMES	
STREET ADDRESS	129 LEHANE TERRACE #130	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARKER, SUE	
STREET ADDRESS	118 CASTLEWOOD DR., #124	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GESTWA, ALEX	
STREET ADDRESS	132 WETTAU LN #118	
CITY-ST-ZIP	NO. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. I 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 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: *Alex P. Gestwa* **ALEX P. GESTWA** 561-848-8781
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREAS** *3/20/00* **DATE** **561-848-8781** **DAYTIME PHONE #**

CR2E037 (9/99)