

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90029 030 ****61.25



DOCUMENT # 719753
1. Entity Name
CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **118 CASTLEWOOD DR. NORTH PALM BEACH FL 33408**
Mailing Address: **CASTLEWOOD TOWN VILLAS P O BOX 13125 NORTH PALM BEACH FL 33408**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

Barcode
1st MOORE CR2E037 (10/04)
4. FEI Number **59-2068007**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SANDS, BRUCE
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **Nohl, Melinda**
Street Address (P.O. Box Number is Not Acceptable) **132 Wattaw Ln., # 115**
City **NPB** FL Zip Code **33408**

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]*
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
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 P SMITH, JASON 129 LAHANE TERR NO. PALM BEACH FL 33408 | <input type="checkbox"/> Delete | TITLE NAME Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME S MELINDA, NOHL 132 WATTAW LANE N PALM BEACH FL 33408 | <input type="checkbox"/> Delete | TITLE NAME S / I secretary / Treasurer | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME T SCHULZ, VIRGINIA 129 LEHANE TERRACE NORTH PALM BEACH FL 33408 | <input checked="" type="checkbox"/> Delete | TITLE NAME -P, Julian Roland, Pres. 118 Castlewood Dr. #118 NPB, FL 33408 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME D PAGE, ALICIA 118 CASTLEWOOD DR. NORTH PALM BEACH FL 33408 | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D AMUCHASTEGUI, FERNANDO 3114 S. OCEAN #205 HIGHLAND BEACH FL 33487 | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* melinda Nohl, S/T, 3/10/05 561/241.4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #