

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759330** (4)
1. Corporation Name
CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1105 12TH STREET WELLIOT MANAGEMENT VERO BEACH FL 32960-3718

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1981** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2121652** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business Mailing Address
21. **Elliott MERRILL** Community Mgmt. 26. Suite, Apt. #, etc.
22. **1105-12th St.** 27. Suite, Apt. #, etc.
23. **VERO BEACH, FL** 28. City & State
24. **32960** 25. **USA** 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**MERRILL, CRAIG
1105 12TH ST
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent
81. Name **Richard D. Elliott**
82. Street Address (P.O. Box Number is Not Acceptable) **ELLIOTT MERRILL COMMUNITY MANAGEMENT**
83. **1105-12th Street**
84. **VERO BEACH** FL 85. Zip Code **32960**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Richard D. Elliott (NOTE: Registered Agent signature required when re-registering) DATE **4-11-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARKS, MARCIA
STREET ADDRESS	1012 INDIAN MOUND TR
CITY-ST-ZIP	VERO BEACH FL
TITLE	DV
NAME	JARVI, JERALD
STREET ADDRESS	664 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	TD
NAME	SIMMERMAN, PAUL
STREET ADDRESS	900 CARIB LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD
NAME	TUCKER, JOHN
STREET ADDRESS	P O BOX 4398
CITY-ST-ZIP	VERO BEACH FL
TITLE	PD
NAME	JULIANO, PETER
STREET ADDRESS	1131 INDIAN MOUND TR
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARKS, MARCIA
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Partell, Jamie
2.3 STREET ADDRESS	1134 Indian Mound Trail
2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Zimmerman, Paul
3.3 STREET ADDRESS	1340 Jonathan Trail
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TUCKER, JOHN
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32964
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JULIANO, PETER
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: [Signature] DATE **4-11-95** DAYTON FILING # **407-569-9833**