

**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 # 759330 (4)

1. Corporation Name

**CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

ELLIOTT MERRILL COMMUNITY MGMT  
1105-12TH STREET  
VERO BEACH FL 32960  
US

1105 12TH STREET  
%ELLIOT MANAGEMENT  
VERO BEACH FL 32960-3718

3. Date Incorporated or Qualified  
**07/27/1981**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIOTT, RICHARD D  
ELLIOTT MERRILL COMMUNITY MGMT  
1105-12TH STREET  
VERO BEACH FL 32960

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARKS, MARCIA	
STREET ADDRESS	1012 INDIAN MOUND TR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PORTELL, JAMIE	
STREET ADDRESS	1134 INDIAN MOUND TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, PAUL	
STREET ADDRESS	1340 JONATHAN TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JOHN	
STREET ADDRESS	P O BOX 4398	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JULIANO, PETER	
STREET ADDRESS	1131 INDIAN MOUND TR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Turner	
1.3 STREET ADDRESS	1301 Poltras Drive	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Kelly	
2.3 STREET ADDRESS	1081 Royal Palm Court	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lawrence Potter	
3.3 STREET ADDRESS	1241 Indian Mound Trail	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Garavaglia	
4.3 STREET ADDRESS	1101 Poltras Drive	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Derald Jarvi	
5.3 STREET ADDRESS	990 Carib Lane	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
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 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: X *Thomas B. Turner*

2/27/96

407-569-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)