

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759330 (4)
 1. Corporation Name
CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960 US	Mailing Address 1105 12TH STREET ELLIOTT MANAGEMENT VERO BEACH FL 32960-3718
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3. Date Incorporated or Qualified 07/27/1981	
4. FEI Number 59-2121652	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS TURNER	
STREET ADDRESS	1301 POITRAS DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHN KELLY	
STREET ADDRESS	1031 ROYAL PALM COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWRENCE POTTER	
STREET ADDRESS	1241 INDIAN MOUND TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MICHAEL GARAVAGLIA	
STREET ADDRESS	1101 POITRAS DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JERALD JARVI	
STREET ADDRESS	890 CARIB LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Turner, Thomas	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kelly, John	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Potter, Lawrence	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Garavaglia, Michael	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Micavaglia	
5.3 STREET ADDRESS	1036 Indian Mound Trail	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* John R. Kelly **4/1/98** **562-1776**

CR2E037 (10/97)