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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759330

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 %ELLIOT MANAGEMENT VERO BEACH FL 32960-3718
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2121652
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <u>Merrill, Katherine</u> 82 Street Address (P.O. Box. Number is Not Acceptable) 83 <u>Same</u> 84 City 85 Zip Code <u>FL</u>
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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: Karen A. Merrill DATE: 3/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	THOMAS TURNER 1301 POITRAS DRIVE VERO BEACH FL	1.1 TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	<u>VS</u>
NAME		1.2 NAME	<u>Mart, Assen</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>1024 Palmair de Ays</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>VERO Beach, FL</u>
TITLE	PD	2.1 TITLE	<u>D</u>
NAME	JOHN KELLY	2.2 NAME	<u>Bracken, Douglas</u>
STREET ADDRESS	1031 ROYAL PALM COURT	2.3 STREET ADDRESS	<u>1000 Orchid Oak Dr</u>
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	<u>VERO Beach, FL</u>
TITLE	VD	3.1 TITLE	<u>D</u>
NAME	LAWRENCE POTTER	3.2 NAME	<u>Sloan, Leslie</u>
STREET ADDRESS	1241 INDIAN MOUND TRAIL	3.3 STREET ADDRESS	<u>1280 Indian mound Trail</u>
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	<u>VERO Beach, FL</u>
TITLE	TD	4.1 TITLE	<u>D</u>
NAME	MICHAEL GARAVAGLIA	4.2 NAME	<u>DIPRETO, Bruce</u>
STREET ADDRESS	1101 POITRAS DRIVE	4.3 STREET ADDRESS	<u>1330 Jonathan's Trail</u>
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	<u>VERO Beach, FL</u>
TITLE	D	5.1 TITLE	
NAME	MOORE, LEE	5.2 NAME	
STREET ADDRESS	1036 INDIAN MOUND TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Katherine A. Merrill DATE: 3/30/99 DAYTIME PHONE #: 561-569-9853

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