

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90413 040 ****61.25

DOCUMENT # 759330

1. Entity Name

**CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATI
 ON, 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2121652

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	MCENERNEY, PAT	1012 POITRAS DR	VERO BEACH FL 32963	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HADJIABADI, SHARIN	1350 JONATHASIS TRAIL	VERO BEACH FL 32963	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MONUSZKO, JAMES	1032 CASSEEKEY LANE	VERO BEACH FL 32963	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	BOGLE, STEVE	1027 CASSEEKEY LANE	VERO BEACH FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
PD	MOORE, LEE	1036 INDIAN MOUND TRAIL	VERO BEACH FL 32962	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Patricia McEnerney* 3/6/02 521 231-7804

CR2E037 (9/01)