

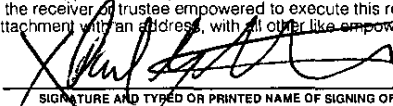


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90001 009 ****61.25

DOCUMENT # 759330					
1. Entity Name CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 US		Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US		54025731 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2121652				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 835 20TH PLACE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCENERNEY, PAT		NAME	VANDERVEER, AL	
STREET ADDRESS	1012 POITRAS DR		STREET ADDRESS	1012 MANGROVE LANE #423	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D Vice President	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROMER, BILL		NAME	Gromer, Bill	
STREET ADDRESS	1221 INDIAN MOUND TRAIL		STREET ADDRESS	1221 Indian mound trail	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D SECRETARY	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, MARILYN		NAME	CROCKETT, MARILYN	
STREET ADDRESS	1101 INDIAN MOUND TRAIL		STREET ADDRESS	1101 Indian mound trail	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JOHN		NAME		
STREET ADDRESS	1011 INDIAN MOUND TRAIL		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D President	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELDES, PAUL		NAME	Seldes, Paul	
STREET ADDRESS	1221 POITRAS DRIVE		STREET ADDRESS	1221 POITRAS DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODMAN, WALTER		NAME	RODMAN, WALTER	
STREET ADDRESS	861-OYSTER SHELL LANE #522		STREET ADDRESS	861-OYSTER SHELL LANE #522	
CITY-ST-ZIP	VERO BEACH, FL. 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					