


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 037 ****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

20048314



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2121652

Applied For
 Not Applicable

City & State

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 **D** Delete
 NAME **VAN DERVEER, AL**
 STREET ADDRESS **1012 MANGROVE LANE #423**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** Change Addition
 NAME **Chesley, Roger**
 STREET ADDRESS **1024 Castaway Blvd.**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **V** Delete
 NAME **GROMER, BILL**
 STREET ADDRESS **1221 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **CROCKETT, MARILYN**
 STREET ADDRESS **1101 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCDONALD, JOHN**
 STREET ADDRESS **1011 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **SELDES, PAUL**
 STREET ADDRESS **1221 POITRAS DRIVE**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RODMAN, WALTER**
 STREET ADDRESS **861-OYSTER SHELL LANE #502**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Paul G Seldes Date: Apr 12, 2005 Daytime Phone #: 772-492-0069