

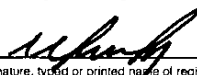



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 015 ****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	
2. Principal Place of Business - No P.O. Box # 4380 U.S. Hwy #1		3. Mailing Address 4380 U.S. Hwy #1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32967	Country	Zip 32967	Country
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	
04152008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent MERRILL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name CLIFFORD S. SPEECHLY, JR. Street Address (P.O. Box Number is Not Acceptable) 4380 U.S. Hwy #1 City VERO BEACH FL Zip Code 32967	
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</small>		CLIFFORD S. SPEECHLY, JR. MANAGER <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	V WINGER, RICHARD 1361 INDIAN MOUND TRL. VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, GEORGE 1161 INDIAN MOUND TRL. VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V MCGARRY, SUSAN J. 1110 POITRAS DR. VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, GEORGE 871 OYSTER SHELL LN. VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition M SPEECHLY, CLIFFORD S. JR. 4380 U.S. HWY #1 VERO BEACH FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDES, PAUL 1221 POITRAS DRIVE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition D RODMAN, WALTER 861 OYSTER SHELL LANE #502 VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODMAN, WALTER 861-OYSTER SHELL LANE #502 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition P CHELSEY, ROGER 1024 CASTAWAY BLVD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHELSEY, ROGER 1024 CASTAWAY BLVD. VERO BEACH, FL 32963	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		CLIFFORD S. SPEECHLY, JR. <small>Date</small>	
		772-564-7440 <small>Daytime Phone #</small>	