

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 759330

Entity Name: CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4380 U.S. HWY #1
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

4380 U.S. HWY #1
VERO BEACH, FL 32967 US

New Mailing Address:

FEI Number: 59-2121652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEECHLY, CLIFFORD S JR.
4380 U.S. HWY #1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCGARRY, SUSAN J
Address: 1110 POITRAS DR.
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: TAYLOR, GEORGE
Address: 1161 INDIAN MOUND TRL.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: COLLINS, GEORGE
Address: 871 OYSTER SHELL LN.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SELDES, PAUL
Address: 1221 POITRAS DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Delete
Name: RODMAN, WALTER
Address: 861 OYSTER SHELL LANE #502
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: CHELSEY, ROGER
Address: 1024 CASTAWAY BLVD.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHIPLEY, MRS. JOSHUA
Address: 1144 INDIAN MOUND TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD S. SPEECHLY, JR.

Electronic Signature of Signing Officer or Director

MGR

03/27/2009

Date