

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90137 047 \*\*\*\*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**

2. Principal Place of Business      3. Mailing Address  
**835 20th Place**      **835 20th Place**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Vero Beach FL**      **Vero Beach, FL**

Zip      Country      Zip      Country  
**32960**      **USA**      **32960**      **USA**

4. FEI Number **59-2121652**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**MERRILL, KAREN  
ELLIOTT MERRILL COMMUNITY MGMT  
1105-12TH STREET  
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**835 20th Place**  
City      State      Zip Code  
**Vero Beach      FL      32960**

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 *Karen L. Merrill*      DATE *3/19/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution. 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MCENERNEY, PAT</b>	
STREET ADDRESS	<b>1012 POITRAS DR</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GROMER, BILL</b>	
STREET ADDRESS	<b>1221 INDIAN MOUND TRAIL</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRADY, KEVIN</b>	
STREET ADDRESS	<b>1370 INDIAN MOUND TRAIL</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOGLE, STEVE</b>	
STREET ADDRESS	<b>1027 CASSEEKEY LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>Crockett, Marilyn</b>	
STREET ADDRESS	<b>1101 Indian Mound Trail</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McDonald, John</b>	
STREET ADDRESS	<b>1011 Indian Mound Trail</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Seldes, Paul</b>	
STREET ADDRESS	<b>1221 Poitras Drive</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peter J. ...*      DATE: *2/6/03*      **772 231-7804**

CR2E037 (10/02)