2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 31, 2008 8:00 am DOCUMENT # N0400005011 Secretary of State 1. Entity Name 03-31-2008 90040 004 ****70.00 CASTLE PINES II TOWNHOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TRIAL 21045 COMMERCIAL TRIAL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 20-1202672 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISSACSON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) C/O LONG MGMT 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 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 Fiorica. Lam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: 8eq-stered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Due By May 1, 2008 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. GLENN BUTTATUOCO TITLE TITLE ☐ Delete Change Addition WITT, RICHARD NAME 11 KINGS BROOK COURT 8155 MULLIGAN CIR STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34986 MENDHAM, NJ 01945 CITY-ST-ZIP CITY-ST-ZIP RICHARD WIT SIST MULLI GANCIR. TITLE Delete ☐ Addition GREEL, WILLIAM NAME NAME 9013 SANDSHOT WAY STREET ADDRESS STREET ADDRESS PORT STLUCIE FC 34986 CITY-ST-ZIP PORT SAINT LUCIE FL 34986 CITY-ST-ZIP TITLE Delete Delete ☐_Change ___ ☐_Addition TITLE ALLEN, ANN NAME NAME 8123 CARNOUSTIE PLACE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34986 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TIFLE □ Dalete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS 6 1 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report or supplemental report is true and acof the corporation or the receiver or trustee empowered to if changed, or on an attachment with an address, with all of

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-13-08

FILED