

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07543

1. Entity Name

THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3901 DIXIE HWY. N.E.
PALM BAY FL 32905-3647

Mailing Address

3901 DIXIE HWY. N.E.
PALM BAY FL 32905-3647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2475912

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, LARRY
1017 COOLING AVENUE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

DAVID GENOW

Street Address (P.O. Box Number is Not Acceptable)

3901 DIXIE HWY NE # 501

City

Palm Bay

FL

Zip Code

32905

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROMAINE, WARREN | |
| STREET ADDRESS | 3901 DIXIE HWY NE # 208 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DUNCAN, GRACE | |
| STREET ADDRESS | 3901 DIXIE HWY NE # 208 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SULLIVAN, MARY | |
| STREET ADDRESS | 3901 DIXIE HWY NE # 503 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | LEDoux, LUCILLEY | |
| STREET ADDRESS | 3901 DIXIE HWY NE #405 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ROBERTS, MARGE | |
| STREET ADDRESS | 3901 DIXIE HWY # 201 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID GENOW | |
| STREET ADDRESS | 3901 DIXIE HWY # 501 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert HOGAN | |
| STREET ADDRESS | 3901 DIXIE HWY # 106 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joseph TAYLOR | |
| STREET ADDRESS | 3901 DIXIE HWY # 102 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELENOE NEESC | |
| STREET ADDRESS | 3901 DIXIE HWY # 406 | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| 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:

Signature of David Genow

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90076 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)