## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07543

FILED Mar 25, 2005 Secretary of State

Entity Name: THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

**New Mailing Address: Current Mailing Address:** 

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-2721749 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MANUS, RICHARD DECHMEROWSKI, PAM Name: Name: 3901 DIXIE HWY., NE, #509 Address: 3901 DIXIE HWY NE #108 Address: PALM BAY, FL 32905 PALM BAY, FL 32905 City-St-Zip: City-St-Zip:

(X) Change ( ) Addition Title: () Delete Title: 1VPD GENOW, DAVID Name: MANUS, RICHARD Name:

Address: 3901 DIXIE HWY, NE. #501 Address: 9631 VEGENNES ST City-St-Zip: PALM BAY, FL 32905 City-St-Zip: LOWELL, MI 49331

Title: () Delete Title: 2VPD (X) Change ( ) Addition HOGAN, ROBERT BAKER, BILL Name: Name:

3901 DIXIE HWY. NE, #106 3901 DIXIE HWY NE #304 Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905

Title: 2VP ( ) Delete Title: SD (X) Change ( ) Addition Name: BAKER, BILL Name: GENOW, DAVID

3901 DIXIE HWY., NE, #304 3901 DIXIE HWY NE #410 Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905

Title: ( ) Delete Title: (X) Change ( ) Addition MITCHELL, ALICE MITCHELL, PAUL Name: Name: 3901 DIXIE HWY. NE, #206 3901 DIXIE HWY NE #206 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

PALM BAY, FL 32905

SIGNATURE: PAM DECHMEROWSKI PD 03/25/2005