

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90208 038 \*\*\*\*61.25

<b>DOCUMENT # N07543</b> 1. Entity Name <b>THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3901 DIXIE HWY NE PALM BAY, FL 32905</b>			Mailing Address <b>1900 HARBOR CITY BLVD SUITE #227 MELBOURNE, FL 32901</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2721749</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VISTA PROPERTIES MGMT., INC. 1900 S. HARBOR CITY BLVD STE #227 MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name <b>Vista Properties Mgmt., Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Vista Royale Blvd</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32982</b>	
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 <u><i>Steve Schmitz Properties</i></u> <span style="float: right;">2/25/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PENLEY, PHILLIP</b> <b>3901 DIXIE HWY 507</b> <b>PALM BAY, FL 32905</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>DAVID GENAW</b> <b>3901 DIXIE HWY UNIT 510.</b> <b>PALM BAY FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>HOGAN, ROBERT</b> <b>3901 DIXIE HWY 106</b> <b>PALM BAY, FL 32905</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>William BAKER</b> <b>3901 DIXIE HWY UNIT 304</b> <b>PALM BAY FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP <b>WALKER, ROBERT</b> <b>3901 DIXIE HWY NE #504</b> <b>PALM BAY, FL 32905</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>JIM HESTER</b> <b>3901 DIXIE HWY UNIT 209</b> <b>PALM BAY FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD <b>DUBRISKE, ROBERT</b> <b>3901 DIXIE HWY NE #409</b> <b>PALM BAY, FL 32905</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP <b>KEN MEDLIN</b> <b>3901 DIXIE HWY UNIT 407</b> <b>PALM BAY FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>SULLIVAN, JIM</b> <b>3901 DIXIE HWY NE #503</b> <b>PALM BAY, FL 32905</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>Sam TAYLOR</b> <b>3901 DIXIE HWY UNIT 102</b> <b>PALM BAY FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2-25-08</b> <small>Date</small>	