2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90095 041 ****70.00

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1. Entity Name

CASTLE PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US	21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US

1st MOORE CR2E037 (10/06)

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 65-0971830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM K. ISAACSON , 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CSAPO, JOHN 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 33986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES JACK PANTANO 9334 WORLD CUP WAY PORT ST LUCIE, FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS VAIL, ROBERT 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 33986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES ROBERT MINER 9304 WORLD CUP WAY PORT ST. LUCIE, FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT TOMPSON, JOHN 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 33986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary MARY TUTTLE 8121 MULLIGAN CIR. PORT ST LUCIE, FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RICHARD WIT 8155 MULLIGAN CIR PORT ST. LUCIE, FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GILBERT GERHARDT DIRECTOR 8224 MULLIGAN CIR PORT ST LUCIE, FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Jack Pantano 4/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #