

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

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90014 002 ****70.00

DOCUMENT # N99000007668

1. Entity Name

CASTLE PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US



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

1st MOORE

CR2E037 (10/07)

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, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PANTANO, JACK
9334 WORLD CUP WAY
PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MINER, ROBERT
9304 WORLD CUP WAY
PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TOTTLE, MARY
8121 MULLIGAN CIR
PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WIT, RICHARD
8121 MULLIGAN CIR
PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GERHARDT, GILBERT
8224 MULLIGAN CIR
PORT SAINT LUCIE FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom CAVANAUGH
8225 Mulligan Circle
PORT ST. LUCIE FL 34986 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TUTTLE MARY
8121 Mulligan Circle
PORT ST LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08