

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90043 012 ****70.00

DOCUMENT # N99000007677
 1. Entity Name
CASTLE PINES TOWNHOMES ASSOCIATION, INC.



Principal Place of Business: **2160 N.W. RESERVE PARK TRACE, PORT ST. LUCIE FL 34986**
 Mailing Address: **21045 COMMERCIAL TRIAL, BOCA RATON FL 33486**

40046889



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

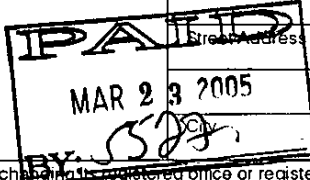
4. FEI Number: **65-0971854**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
WILLIAM K. ISAACSON, 21045 COMMERCIAL TRIAL, BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 State: **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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: P NAME: BLACK, TROY STREET ADDRESS: 9337 WORLD CUP WAY CITY-ST-ZIP: PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE: VT NAME: PANTANO, JACK STREET ADDRESS: 9334 WORLD CUP WAY CITY-ST-ZIP: PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE: S NAME: FLORIDIA, JOHN STREET ADDRESS: 9306 WORLD CUP WAY CITY-ST-ZIP: PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President V NAME: JACK PANTANO STREET ADDRESS: 334 WORLD CUPWAY CITY-ST-ZIP: PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Treasurer - T NAME: ARTHUR SMITH STREET ADDRESS: 9305 World Cupway CITY-ST-ZIP: PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Addition
TITLE: Vice President / Secretary NAME: Robert Savinier STREET ADDRESS: 9322 World Cupway CITY-ST-ZIP: PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Jack Pantano* Date: *3/7/05*