

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007677

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CASTLE PINES TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2160 N.W. RESERVE PARK TRACE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

2140 N.W. RESERVE PARK TRACE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

21045 COMMERCIAL TRIAL  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 65-0971854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILLIAM K. ISAACSON,  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486      US

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

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486      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: WILLIAM K. ISAACSON      04/23/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: SAULNIER, ROBERT  
Address: 9322 WENTWORTH LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P      ( ) Delete  
Name: SCHUM, TIM  
Address: 9219 WENTWORTH LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D      ( ) Delete  
Name: PANTANO, JACK  
Address: 9334 WENTWORTH CUP WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP      (X) Delete  
Name: MINER, ROBERT  
Address: 9304 WORD CUP WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S      (X) Delete  
Name: SMITH, ART  
Address: 7325 WORD CUP WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: MORRIS, C. STEDMAN  
Address: 9341 WORLD CUP WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: C. STEDMAN MORRIS      VP      04/23/2009  
Electronic Signature of Signing Officer or Director      Date