

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719753

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC7583713923**

**Entity Name:** CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

118 CASTLEWOOD DR.  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

CASTLEWOOD TOWN VILLAS  
P O BOX 13125  
NORTH PALM BEACH, FL 33408

**FEI Number: 59-2068007**

**Certificate of Status Desired: No**

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

DICKER, KRIVOK, & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DZENUTIS, PETER  
Address 129 LEHANE TERRACE  
#132  
City-State-Zip: NORTH PALM BEACH FL 33408

Title VPD  
Name MARTIN, KYLE  
Address 132 WETTAW LANE  
#116  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TD  
Name FINKELSTEIN, PAUL  
Address 129 LEHANE TERRACE  
#130  
City-State-Zip: NORTH PALM BEACH FL 33408

Title SD  
Name CARMICHAEL, DAVID  
Address 2420 NE 13TH COURT  
City-State-Zip: FT. LAUDERDALE FL 33404

*I hereby 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 all other like empowered.*

**SIGNATURE: PETER DZENUTIS**

**PD**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date