

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 719753

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

**FILED**  
**Aug 01, 2018**  
**Secretary of State**  
**CC3437430630**

**Current Principal Place of Business:**

CASTLEWOOD TOWN VILLAS COA INC.  
P.O. BOX 14638  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

CASTLEWOOD TOWN VILLAS COA INC.  
P.O. BOX 14638  
NORTH PALM BEACH, FL 33408 US

**FEI Number: 59-2068007**

**Certificate of Status Desired: No**

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

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD., SOUTH  
POMPANO BEACH, FL 33064 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: JEFFREY REMBAUM**

**08/01/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DZENUTIS, MELINDA  
Address        129 LEHANE TERRACE  
                  #133  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            SECRETARY  
Name            MCCARTHY, DIANE  
Address        118 CASTLEWOOD DRIVE  
                  #119  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            TREASURER  
Name            MASSENZIO, JOHN  
Address        132 WETTAW LANE  
                  #112  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            DIRECTOR  
Name            PIAZZA, GEORGE  
Address        118 CASTLEWOOD DRIVE  
                  #123  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            DIRECTOR  
Name            RODRIGUEZ, WILBERT  
Address        118 CASTLEWOOD DRIVE  
                  #124  
City-State-Zip: NORTH PALM BEACH FL 33408

*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: MELINDA DZENUTIS**

**PRESIDENT**

**08/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date