## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719753** 

Entity Name: CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION,

INC.

**FILED** Mar 23, 2016 **Secretary of State** CC7104626153

## **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:

LAW OFFICE OF GARY D. FIELDS. P.A. 4440 PGA BOULEVARD, SUITE 308 SUITE 308 PALM BEACH GARDENS, FL 33410 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: GARY D. FIELDS 03/23/2016

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR MARTIN, KYLE SMITH, JASON Name Name

Address 132 WETTAW LANE Address 129 LEHANE TERRACE #116

#137

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

SECRETARY Title Title DIRECTOR

Name CARMICHAEL, DAVID Name ROLAND, JULIAN

Address 2420 NE 13TH COURT Address 132 WETTAW LANE #118

City-State-Zip: FT. LAUDERDALE FL 33404

NORTH PALM BEACH FL 33408 City-State-Zip:

Title **TREASURER** Name STEPHAN, MARTIN

118 CASTLEWOOD DRIVE Address

#126

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: KYLE MARTIN **PRESIDENT** 03/23/2016