

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759330

**Entity Name:** CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC6365689950**

**Current Principal Place of Business:**

4380 U. S. HIGHWAY #1  
VERO BEACH, FL 32967

**Current Mailing Address:**

P. O. BOX 651309  
VERO BEACH, FL 32965 US

**FEI Number: 59-2121652**

**Certificate of Status Desired: No**

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

SPEECHLY, CLIFFORD SJR.  
4380 U. S. HIGHWAY #1  
VERO BEACH, FL 32967 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           PRESIDENT  
Name           ASKIN, KEVIN  
Address        4380 U. S. HIGHWAY #1  
City-State-Zip: VERO BEACH FL 32967

Title           DIRECTOR  
Name           CASEY, AMY  
Address        1330 POITRAS DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title           ASM  
Name           SPEECHLY, CLIFFORD SJR  
Address        1535 SOUTH 42ND CIRCLE  
City-State-Zip: VERO BEACH FL 32967

Title           VP  
Name           HAGOOD, ANA  
Address        4380 U. S. HIGHWAY #1  
City-State-Zip: VERO BEACH FL 32967

Title           TREASURER  
Name           COLLINS, EDIE  
Address        4380 U. S. HIGHWAY #1  
City-State-Zip: VERO BEACH FL 32967

Title           SECRETARY  
Name           DUBE, JACK  
Address        4380 U. S. HIGHWAY #1  
City-State-Zip: VERO BEACH FL 32967

*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: CLIFFORD S. SPEECHLY**

**ASSISTANT SECRETARY   04/24/2017**

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

\_\_\_\_\_  
Date