

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759330

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

FILED
Apr 17, 2013
Secretary of State
CC7245311577

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 D
Name KNIGHT, RICHARD
Address 1120 POITRAS DRIVE
City-State-Zip: VERO BEACH FL 32963

Title P
Name DUBE, JOHN (JACK)
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 JUSTICE, TIFFANY
Address 4380 U. S. HIGHWAY #1
City-State-Zip: VERO BEACH FL 32967

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

Title DIRECTOR
Name FERRO, JOHN
Address 4380 U. S. HIGHWAY #1
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name SYLVIA, LORI
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, JR.

SECRETARY

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date