

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

DOCUMENT# N00000007466

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC3558243485**

**Entity Name:** CASTLE PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**FEI Number: 65-1075277**

**Certificate of Status Desired: No**

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

LAW OFFICES OF ROSSWAY MOORE TAYLOR & SWAN  
2101 INDIAN RIVER BLVD  
SUITE 200  
VERO BEACH, FL 32960 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            SECRETARY  
Name            DEAN, DOUG  
Address        543 NW LAKE WHITNEY PLACE  
                 SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            PRESIDENT  
Name            GERHARDT, GILBERT  
Address        543 NW LAKE WHITNEY PLACE  
                 SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            TREASURER  
Name            CAVANAUGH, THOMAS  
Address        543 NW LAKE WHITNEY PLACE  
                 SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            VP  
Name            MCGEE, DORIS  
Address        543 NW LAKE WHITNEY PLACE  
                 SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            DIRECTOR  
Name            BENSLEY, JERI LYNN  
Address        543 NW LAKE WHITNEY PLACE  
                 SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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: GILBERT GERHARDT**

**P**

**04/02/2013**

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

\_\_\_\_\_  
Date