

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000524

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7186493675**

**Entity Name:** CASTLETON GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

C/O COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103 US

**FEI Number: 11-3676143**

**Certificate of Status Desired: No**

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

COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103 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: COMPASS GROUP**

**04/30/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOONTON, ELLEN  
Address        C/O COMPASS MANAGEMENT GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            GARROW, LARRY  
Address        C/O COMPASS MANAGEMENT GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            TREASURER, SECRETARY  
Name            DILEO, CHARLIE  
Address        C/O COMPASS MANAGEMENT GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            TISCHIO, GINA MARIE  
Address        C/O COMPASS MANAGEMENT GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            SPENCE, ELIZABETH  
Address        C/O COMPASS MANAGEMENT GROUP  
                  4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

*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: ELLEN WOONTON**

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date