

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

DOCUMENT# N04000005011

**Entity Name:** CASTLE PINES II TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**FEI Number:** 20-1202672

**Certificate of Status Desired:** Yes

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

ISSACSON, WILLIAM  
C/O LANG MGMT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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 P  
Name TUTTLE, SANFORD C  
Address 8121 MULLIGAN CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY  
Name HEFFERMAN, JOHN  
Address 8153 MULLIGAN CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER  
Name WINKEL, ROBIN  
Address 8176 MULLIGAN CIRCLE  
City-State-Zip: PORT ST. 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:** SANFORD C. TUTTLE

**PRESIDENT**

**04/18/2013**

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

\_\_\_\_\_  
Date