# 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.

PRESIDENT

#### SIGNATURE: ROBERT BRYAN

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N99000007668

Entity Name: CASTLE PINES HOMEOWNERS ASSOCIATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

C/O LANG MANAGEMENT COMPANY 8311 HOLLEY TREE TRAIL PORT ST LUCIE, FL 34996

#### **Current Mailing Address:**

C/O LANG MANAGEMENT COMPANY 8311 HOLLEY TREE TRAIL PORT ST LUCIE, FL 34996 US

#### FEI Number: 65-0971830

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

BACKER ABOUD POLIAKOFF & FOELSTER 400 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432 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	E: KEITH BACKER			04/28/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	BRYAN, ROBERT	Name	RICHARD, JAMES	
Address	9205 WENTWORTH LANE	Address	8139 CARNOUSTIE PL.	
City-State-Zip:	PORT ST. LUCIE FL 34986	City-State-Zip:	PORT ST. LUCIE FL 34986	
Title	TREASURER			
Name	HAMILTON , TODD			
Address	10534 SW VERSAILLES BLVD			
City-State-Zip:	PORT ST. LUCIE FL 34986			

Certificate of Status Desired: Yes

Date

04/28/2023

### FILED Apr 28, 2023 Secretary of State 9575577688CC

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