

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

DOCUMENT# N99000007668

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

**FILED**  
**Dec 06, 2013**  
**Secretary of State**  
**CC4896215589**

**Current Principal Place of Business:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 33486

**Current Mailing Address:**

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

**FEI Number: 65-0971830**

**Certificate of Status Desired: No**

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

BRISTOL MANAGEMENT  
543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 34986 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, TREASURER  
Name MCGEE, DORIS  
Address 543 NW LAKE WHITNEY PLACE  
SUITE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT  
Name TUTTLE, CHARLES S  
Address 543 NW LAKE WHITNEY PLACE  
SUITE 101  
City-State-Zip: PORT ST LUCIE FL 34986

Title VP  
Name POTTER, FRANCIS W  
Address 543 NW LAKE WHITNEY PLACE  
SUITE 101  
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: CHARLES TUTTLE**

**PRESIDENT**

**12/06/2013**

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

\_\_\_\_\_  
Date