



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 347090 1. Entity Name CASTAWAY BAY ESTATES, INC.						
Principal Place of Business 106 AUBURN RD. FORT WALTON BEACH, FL 32547				Mailing Address 106 AUBURN RD. FORT WALTON BEACH, FL 32547		
2. Principal Place of Business - No P.O. Box # 611 Bullock Blvd. Suite, Apt. #, etc.		3. Mailing Address 611 Bullock Blvd. Suite, Apt. #, etc.				
City & State Niceville, Florida		City & State Niceville, Florida		4. FEI Number 59-1278425		
Zip 32578	Country USA	Zip 32578	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COOK, ELMER L II 2403 PALM HARBOUR DRIVE FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Joseph F. Morgan Street Address (P.O. Box Number is Not Acceptable) 611 Bullock Blvd. City Niceville, Fl. FL Zip Code 32578		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Joseph F. Morgan-President <i>Joseph F. Morgan</i> 12-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>						
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, JOSEPH F <input type="checkbox"/> Delete 101 E. HWY. 4 CENTURY, FL 32535			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 600139105046 12/17/08--01038--001 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ELMER L II <input checked="" type="checkbox"/> Delete 2403 PALM HARBOUR DRIVE FT. WALTON BEACH, FL 32547			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Morgan, Douglas W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 2545 Hidden Creek Dr. Navarre, Fl. 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, MICHELLE S <input checked="" type="checkbox"/> Delete 2403 PALM HARBOUR DRIVE FT. WALTON BEACH, FL 32547			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Morgan, Jane O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 2545 Hidden Creek Dr. Navarre, Fl. 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph F. Morgan

12-13-08

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