

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90140 015 ****61.25

DOCUMENT # 719753

1. Entity Name

CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 CASTLEWOOD DR. VILLA 127
 BOX 13125
 NORTH PALM BEACH FL 33408-2687

118 CASTLEWOOD DR. VILLA 127
 P O BOX 13125
 NORTH PALM BEACH FL 33408-2687

2. Principal Place of Business

118 CASTLEWOOD DR

3. Mailing Address

CASTLEWOOD TOWN VILLAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 13125

City & State

NORTH PALM BEACH, FL.

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

USA

Zip

33408

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR
105 SO. NARCISSUS AVENUE, STE. 701
WEST PALM BEACH FL 33401

Name **BRUCE SANDS**

Street Address (P.O. Box Number is Not Acceptable)

(561) 686-3307

1645 PALM BEACH LAKES BLVD. SUITE # 1200

City **WEST PALM BEACH, FL.**

FL

Zip Code **33401**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **ELLIS, BRUCE**
 STREET ADDRESS **118 CASTLEWOOD DR, #127**
 CITY-ST-ZIP **NO. PALM BEACH FL 33408**

TITLE **PRESIDENT-DIRECTOR** ☒ Change ☐ Addition
 NAME **BRUCE ELLIS**
 STREET ADDRESS **118 CASTLEWOOD DR #127**
 CITY-ST-ZIP **NORTH PALM BEACH, FL. 33408**

TITLE **VD** ☒ Delete
 NAME **LAKE, JEFF**
 STREET ADDRESS **118 CASTLEWOOD DR, #123**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **VICE PRESIDENT-TREASURER** ☒ Change ☐ Addition
 NAME **ROBERT NEVINS**
 STREET ADDRESS **132 WETTAU LN #111**
 CITY-ST-ZIP **NORTH PALM BEACH, FL. 33408**

TITLE **SD** ☒ Delete
 NAME **PARKER, SUE**
 STREET ADDRESS **118 CASTLEWOOD DR., #124**
 CITY-ST-ZIP **N. PALM BCH FL 33408**

TITLE **SECRETARY-DIRECTOR** ☒ Change ☐ Addition
 NAME **FERNANDO AMUCHASTEGUI**
 STREET ADDRESS **129 LEHANE TERRACE # 136**
 CITY-ST-ZIP **NORTH PALM BEACH, FL. 33408**

TITLE **TD** ☒ Delete
 NAME **GESTWA, ALEX**
 STREET ADDRESS **132 WETTAU LN #118**
 CITY-ST-ZIP **NO. PALM BEACH FL**

TITLE **NONE** ☐ Change ☐ Addition

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **NONE** ☐ Change ☐ Addition

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **NONE** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

V.P.

3/29/2002 (561) 373-1218

CRE037 (9/01)