

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742599

FILED
Feb 11, 2009
Secretary of State

Entity Name: CASTAWAY COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1320 SHOREWINDS LA
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1320 SHOREWINDS LA
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-2122367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, WILLIAM
1065 TOBAGO TERRACE
VERO BCH, FL 329632536 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, VIRGINIA L
Address: 1320 SHOREWINDS LANE
City-St-Zip: VERO BEACH, FL 329632542

Title: S () Delete
Name: PORTEOUS, DONALD
Address: 1033 CRESCENT BEACH RD
City-St-Zip: VERO BEACH, FL 32963

Title: BM () Delete
Name: STANLEY, WILLIAM
Address: 1350 BUCCANEER LA
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: HIGGINS, WILLIAM
Address: 1065 TOBAGO TERR
City-St-Zip: VERO BCH, FL 329632536

Title: D () Delete
Name: MCBRIAN, JAY
Address: 1340 BUCCANEER ANE
City-St-Zip: VERO BEACH, FL 329632536

Title: D () Delete
Name: LIBERZZI, FRANK
Address: 1065 CRESCENT BEACH RD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LIBRIZZI, FRANK
Address: 1065 CRESCENT BEACH RD
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM HIGGINS

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date