

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morinam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # 751644 (6)

1. Corporation Name
**THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATIO
 N, INC.**

| | |
|---|---|
| Principal Place of Business C/O ELLIOTT MANAGEMENT 1105 12TH STREET VERO BEACH FL 32960 | Mailing Address C/O ELLIOTT MANAGEMENT 1105 12TH STREET VERO BEACH FL 32960 |
|---|---|

| | |
|--|------------------------|
| 21 C/O Elliott-Merrill Community Management Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 1105-12th St. City & State | 27 City & State |
| 23 VERO BEACH, FL Zip Country | 28 Zip Country |
| 24 32960 USA | 29 30 |

APPROVED AND FILED

95 APR 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/20/1980 | 3a. Date of Last Report 04/26/1994 |
| 4. FEI Number 59-2121650 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ELLIOTT MANAGEMENT SYSTEMS
 1105 12TH STREET
 VERO BEACH FL FL 32960**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Richard D. Elliott |
| 82 Street Address (P.O. Box Number is Not Acceptable) Elliott-Merrill Community Management |
| 83 City 1105-12th Street |
| 84 City VERO BEACH FL |
| 85 Zip Code 32960 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard D. Elliott DATE: 4-11-95

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE PD | NAME PARIS, MARTIN |
| STREET ADDRESS 1025 ADMIRAL'S WALK | CITY - ST - ZIP VERO BEACH FL |
| TITLE SD | NAME BOONE, HELEN |
| STREET ADDRESS 1181 ADMIRAL'S WALK | CITY - ST - ZIP VERO BEACH FL |
| TITLE D | NAME ODORNE, RAY |
| STREET ADDRESS 1133 SEA HUNT DRIVE | CITY - ST - ZIP VERO BEACH FL |
| TITLE D | NAME CAHOY, RICHARD |
| STREET ADDRESS 1200 SEA HUNT DRIVE | CITY - ST - ZIP VERO BEACH FL |
| TITLE D | NAME KRAMEK, DAVID |
| STREET ADDRESS 1101 NEAR OCEAN DR | CITY - ST - ZIP VERO BEACH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Conway, Earl | |
| 1.3 STREET ADDRESS 1020 Old Doubleloon Drive | |
| 1.4 CITY - ST - ZIP VERO BEACH, FL 32963 | |
| 2.1 TITLE TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME Shields, James | |
| 2.3 STREET ADDRESS 1134 Spanish Lace Lane | |
| 2.4 CITY - ST - ZIP VERO BEACH, FL 32963 | |
| 3.1 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME Juris, Charles | |
| 3.3 STREET ADDRESS 1213 Sea Hunt Drive | |
| 3.4 CITY - ST - ZIP VERO BEACH, FL 32963 | |
| 4.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME Gianola, Mary | |
| 4.3 STREET ADDRESS 1212 Sea Hunt Drive | |
| 4.4 CITY - ST - ZIP VERO BEACH, FL 32963 | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.073(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: Earl B. Conway DATE: 4-10-95 407 234 5801

SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR