

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751644 (6)**  
1. Corporation Name  
**THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business C/O ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960 US	Mailing Address C/O ELLIOTT MANAGEMENT 1105 12TH STREET VERO BEACH FL 32960-3718
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3. Date Incorporated or Qualified <b>03/20/1980</b>	3a. Date of Last Report <b>04/23/1996</b>
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21. Principal Place of Business <b>CAMCO SERVICES INC.</b>	2a. Mailing Address <b>4445 N. A1A</b>
22. Suite, Apt. #, etc. <b>SUITE 150 A</b>	27. Suite, Apt. #, etc. <b>SUITE 150 A</b>
23. City & State <b>VERO BEACH FLORIDA</b>	28. City & State <b>VERO BEACH FLORIDA</b>
24. Zip <b>32963</b>	29. Zip <b>32963</b>
25. Country <b>INDIAN RIVER</b>	30. Country <b>INDIAN RIVER</b>

4. FEI Number <b>59-2121650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ELLIOTT, RICHARD D  
ELLIOTT MERRILL COMMUNITY MGMT  
1105 -12TH STREET  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name **PAUL PALABRINI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**CAMCO SERVICES INC**  
83 **4445 N. A1A**  
84 City  
**SUITE 150A**  
**VERO BEACH** FL 85 Zip Code  
**32963**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Paul Palabrin* (NOTE: Registered Agent signature required when reinstating) DATE: **4-11-97**

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>CHARLES REPLOGLE</b>
STREET ADDRESS	<b>1032 NEAR OCEAN DRIVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SHIELDS, JAMES</b>
STREET ADDRESS	<b>1134 SPANISH LACE LANE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>SUSAN TEMPLE</b>
STREET ADDRESS	<b>1042 NEAR OCEAN DRIVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>GIANOLA, MARY</b>
STREET ADDRESS	<b>1212 SEA HUNT DRIVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DR. JON FICHTELMAN</b>
1.3 STREET ADDRESS	<b>1212 CASTAWAY BLVD.</b>
1.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WILLIAM PRESSLEY</b>
3.3 STREET ADDRESS	<b>1124 SPANISH LACE LANE</b>
3.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MS PAT HUSAINY</b>
4.3 STREET ADDRESS	<b>1112 SEA HUNT DRIVE</b>
4.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>
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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JAMES MAHONEY</b>
6.3 STREET ADDRESS	<b>1955 ADMIRALS WALK</b>
6.4 CITY-ST-ZIP	<b>VERO BEACH FL</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address.

SIGNATURE: *Paul Palabrin* **REQUIRED** Date: **4/10/97** Daytime Phone #: **561-234-9300**

CR2E037 (9/96)