

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751644

1. Entity Name

THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATIO

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90001 023 \*\*\*\*61.25

Principal Place of Business CAMCO SERVICES INC. STE. 150A VERO BEACH FL 32963 US	Mailing Address C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 1105 12TH STREET VERO BEACH FL 32960-3718 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Elliott Merrill Community

3. Mailing Address

Suite, Apt. #, etc.  
1105 12th Street

Suite, Apt. #, etc.

City & State  
Vero Beach, Fl.

City & State

4. FEI Number **59-2121650** Applied For  Not Applicable

Zip **32960** Country **US**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALESTRINI, PAUL  
 CAMCO SERVICES INC  
 4445 N A1A, STE. 150A  
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name **Merrill, Karen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1105 12th Street**  
 City **Vero Beach** FL Zip Code **32960**

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 *Karen Merrill*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, EARL 1020 OLE DOUBLOON DR VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRAIN, TERRY 1124 OLDE DOUBLOON VERO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAGLE, CONSTANCE 1132 SEA HUNT VERO BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERR, WILLIAM WILLARD 1200 SEA HUNT DR VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ODIORNE, PENNY 1133 SEA HUNT DR VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pressley, Mary D</b> 1124 Spanish Pine Lane Vero Beach, Fl. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kennedy, Naomi D</b> 1141 Admirals Walk Vero Beach, Fl. 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Pressley* **3-2-2000** **2346850**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #  
**MARY PRESSLEY, V.P.**

CR2E037 (9/99)