

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90083 037 ****61.25

0031123

DOCUMENT # 751644

1. Entity Name

THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

*ELLIOTT MCNALL COMMUNITY
 1105- 12TH ST
 VERO BEACH FL 32963
 US

C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT
 1105 12TH STREET
 VERO BEACH FL 32960
 US

051673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2121650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRILL, KAREN
1105- 12TH ST
VERO BEACH FL 32960

Name

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

City

FL

Zip Code

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

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 NAME	TD CONWAY, EARL	<input type="checkbox"/> Delete
STREET ADDRESS	1020 OLE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D PRESSLEY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1124 SPANISH LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE NAME	SD KERR, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1200 SEA HUNT DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	VD ODIORNE, PENNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1133 SEA HUNT DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D KENNEDY, NAOMI D	<input type="checkbox"/> Delete
STREET ADDRESS	1141 ADMIRALS WALK	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Supron Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1133 Old Doubloon Dr.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)