

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90413 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 751644**

1. Entity Name  
**THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business %ELLIOTT MCNALL COMMUNITY 1105- 12TH ST VERO BEACH FL 32963 US	Mailing Address C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 1105 12TH STREET VERO BEACH FL 32960 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-2121650</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  
**MERRILL, KAREN**  
**1105- 12TH ST**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>TD</b> <b>CONWAY, EARL</b> <b>1020 OLE DOUBLOON DR</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESSLEY, MARY</b> <b>1124 SPANISH LN</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KERR, WILLIAM</b> <b>1200 SEA HUNT DR</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SURGEON, BILL</b> <b>110 P OLD DOUBLOON DR</b> <b>VERO BEACH FL 32963</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNEDY, NAOMI D</b> <b>1141 ADMIRALS WALK</b> <b>VERO BEACH FL 32963</b>	<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	<b>D</b> <b>Masters, Jean</b> <b>1213 Sea Hunt Dr</b> <b>Vero Beach, FL 32963</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Pressley, Mary</b> <b>1124 Spanish Lace Lane</b> <b>Vero Beach, FL 32963</b>	<input checked="" 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
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: *X* **SIGNATURE REQUIRED** *Mary Pressley* **3-06-2002** **2346850**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)