



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90001 006 ****61.25

DOCUMENT # 751644					
1. Entity Name THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 US		Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US		<p style="text-align: right; font-size: 24pt;">54025734</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01062004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2121650 <input type="checkbox"/> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, KAREN 835 20TH PLACE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	CO - PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1070 OLDE DOUBLOON DR. VERO BEACH FL 32963	
NAME	CONWAY, EARL	NAME			
STREET ADDRESS	1020 OLE DOUBLOON DR	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERR, WILLIAM	NAME			
STREET ADDRESS	1200 SEA HUNT DR	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNEDY, NAOMI D	NAME			
STREET ADDRESS	1141 ADMIRALS WALK	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTERS, JEAN	NAME			
STREET ADDRESS	1213 SEA HUNT DR	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	CO - PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEITMAN, RON	NAME	BEITMAN, RON		
STREET ADDRESS	1212 SEAHUNT DR.	STREET ADDRESS	1212 SEAHUNT DR.		
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Earl Conway</i>				Date: <i>2-4-04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	