


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90303 037 \*\*\*\*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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2121650 Applied For  
Not Applicable

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



6. Name and Address of Current Registered Agent

MERRILL, KAREN  
 835 20TH PLACE  
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COP CONWAY, EARL <input type="checkbox"/> Delete 1020 OLE DOUBLOON DR VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KERR, WILLIAM <input type="checkbox"/> Delete 1200 SEA HUNT DR VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASTERS, JEAN <input checked="" type="checkbox"/> Delete 1213 SEA HUNT DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COP BEITMAN, RON <input type="checkbox"/> Delete 1212 SEAHUNT DR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	VP Adelberg, Arthur <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1133 Olde Gallcon Lane Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jones, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1065 Admirals Walk Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Walker, Rena <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1200 Olde Gallcon Lane Vero Beach, FL 32963
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: Richard A. Jones Date: 4/6/05 Daytime Phone #: 772/567-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR