


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 010 ****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

60023932



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
 59-2121650

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MERRILL, KAREN
 835 20TH PLACE
 VERO BEACH, FL 32960

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

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, 2006

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	GOP VP CONWAY, EARL 1020 OLDE DOUBLOON DR VERO BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB Tres KERR, WILLIAM 1200 SEA HUNT DR VERO BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD ADELBERG, ARTHUR 1133 OLDE GALLEON LANE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP BEITMAN, RON 1212 SEAHUNT DR. VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, RICHARD 1065 ADMIRALS WALK VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RENZ 1200 OLDE GALLEON LANE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tarbox, Ann 1061 Admirals Walk VERO BEACH, FL 32962 D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paris, Marty 1025 Admirals Walk VERO BEACH, FL 32962 VP <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
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 exemptions contained in Chapter 119, 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: 3/3/06 Daytime Phone #: 772/234-8116