



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 020 \*\*\*\*61.25

<b>DOCUMENT # 751644</b>					
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		40044807  	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2121650	
				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 <u>Charles McKinnon</u> Street Address (P.O. Box Number is Not Acceptable) <u>3055 Cardinal Dr Ste 302</u> City <u>Vero Beach</u> FL <u>32963</u>		
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 <u>[Signature]</u>			DATE <u>3-4-08</u>		
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, 2008		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	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUGGIERO, RONALD		NAME	Steve Beare	
STREET ADDRESS	1171 ADMIRALS WALK		STREET ADDRESS	1055 Admirals Walk	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, KERR		NAME		
STREET ADDRESS	1200 SEA HUNT DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, MARTY		NAME	PARIS, MARTY	
STREET ADDRESS	1025 ADMIRALS WALK		STREET ADDRESS	1025 Admirals Walk	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach FL 32963	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD		NAME		
STREET ADDRESS	1065 ADMIRALS WALK		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD		NAME		
STREET ADDRESS	1065 ADMIRALS WALK		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
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 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: <u>[Signature]</u>			Date <u>2/4/08</u>		Daytime Phone # <u>772/567-1569</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #