


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90137 046 \*\*\*\*61.25

**DOCUMENT # 751644**

1. Entity Name  
**THE CASTAWAY COVE WAVE III HOMEOWNERS ASSOCIATIO  
N, 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**835 20th Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**835 20th Place**  
Suite, Apt. #, etc.

City & State  
**VERO BEACH FL**

City & State  
**VERO BEACH FL**

Zip  
**32960** Country  
**USA**

Zip  
**32960** Country  
**USA**

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  
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)  
**835 20th Place**

City **VERO BEACH** FL Zip Code **32960**

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 **Karen L Merrill** DATE **3/19/03**

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

**FILE NOW: FEE IS \$61.25**

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	<b>TD CONWAY, EARL 1020 OLE DOUBLOON DR VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRESSLEY, MARY 1124 SPANISH LACE LN VERO BEACH FL 32963</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KERR, WILLIAM 1200 SEA HUNT DR VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEDY, NAOMI D 1141 ADMIRALS WALK VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASTERS, JEAN 1213 SEA HUNT DR 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 Beitman, Ron 1212 Seahunt Drive Vero Beach, FL 32963</b>	<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
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 title empowered.

SIGNATURE: **[Signature]**

CR2E037 (10/02)