

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90022 049 ****61.25

DOCUMENT # 754523

1. Entity Name

CASTAWAY COVE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

**9226 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

Mailing Address

**9226 MIDNIGHT PASS ROAD
2A
SARASOTA FL 34242
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2641309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEROME D. JOHNSON
9226 MIDNIGHT PASS RD.-2A
SARASOTA FL 34242**

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

[Signature] N/A

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

[Signature]

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JOHNSON, JEROME**
STREET ADDRESS **9226 MIDNIGHT PASS RD. 2A**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KEN I BOLD**
STREET ADDRESS **3757 WEXFORD HOLLOW RD. E**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **PTD** ☐ Delete
NAME **ERICKSON, RONALD**
STREET ADDRESS **18 HILLCREST AVE.**
CITY-ST-ZIP **DARIEN CT**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DEAN C. LARSEN**
STREET ADDRESS **585 FOXMORE LANE**
CITY-ST-ZIP **EAU CLAIRE, WI 54701**

TITLE **D** ☐ Delete
NAME **WILLIAMS, EILEEN**
STREET ADDRESS **21 HESSELTINE AVE**
CITY-ST-ZIP **MELROSE MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

3/26/08

941-351-6484