2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 754523

Entity Name: CASTAWAY COVE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9226 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

9226 MIDNIGHT PASS ROAD
2A
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-2641309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, JEROME,	
Address:	9226 MIDNIGHT PASS RD. 2A	
City-St-Zip:	SARASOTA, FL	
Title:	PTD	( ) Delete
Name:	ERICKSON, RONALD,	
Address:	18 HILLCREST AVE.	
City-St-Zip:	DARIEN, CT	
Title:	D	( ) Delete
Name:	WILLIAMS, EILEEN	
Address:	21 HESSELTINE AVE	
City-St-Zip:	MELROSE, MA	
Title:	D	( ) Delete
Name:	BOLD, KEN I	
Address:	3757 WEX FORD HOLLOW RD E	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	D	( ) Delete
Name:	LARSEN, DEAN C	
Address:	585 FOXMORE LANE	
City-St-Zip:	EAU CLAIRE, WI 54701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME JOHNSON D 03/25/2009
Electronic Signature of Signing Officer or Director — Date