

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754523

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** CASTAWAY COVE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9226 MIDNIGHT PASS ROAD  
APT 2A  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

9226 MIDNIGHT PASS ROAD  
2A  
SARASOTA, FL 34242 US

**New Mailing Address:**

9226 MIDNIGHT PASS ROAD  
APT 2A  
SARASOTA, FL 34242

**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  
Name: JOHNSON, JEROME  
Address: 9226 MIDNIGHT PASS RD. 2A  
City-St-Zip: SARASOTA, FL

Title: PTD  
Name: ERICKSON, RONALD  
Address: 18 HILLCREST AVE.  
City-St-Zip: DARIEN, CT

Title: D  
Name: WILLIAMS, EILEEN  
Address: 21 HESSELTINE AVE  
City-St-Zip: MELROSE, MA

Title: D  
Name: BOLD, KEN I  
Address: 3757 WEX FORD HOLLOW RD E  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: LARSEN, DEAN C  
Address: 585 FOXMORE LANE  
City-St-Zip: EAU CLAIRE, WI 54701

I hereby 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 all other like empowered.

SIGNATURE: JEROME D JOHNSON

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date