


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756246</b> 1. Entity Name <b>CASTAWAY VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920</b>
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2286879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CHIPPS, ROGER L  
7301 RIDGEWOOD AVENUE C102  
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000495941  
04/21/06-00031-010 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIPPS, ROGER L 7301 RIDGEWOOD AVE C102 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, RON 7301 RIDGEWOOD AVE., B104 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, CAROL 7301 RIDGEWOOD AVE., D104 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHIPPS, DIANNE L 7301 RIDGEWOOD AVE C102 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARZ, NEIL 7301 RIDGEWOOD AVE D102 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUBE, RON 7301 RIDGEWOOD AVE B103Z CAPE CANAVERAL, FL 32920

**DO NOT WRITE IN THIS SPACE**

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:** *Nemine L. Chipps* **Sec. TREASURE** *DIANNE L. Chipps* **04/16/2006** **321-7835249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #