

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90043 037 ****61.25

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|--|--|---|--|--|---|
| DOCUMENT # 756246 1. Entity Name CASTAWAY VILLAS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920 | | | Mailing Address 7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2286879 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CHIPPS, ROGER L 7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920 | | | 7. Name and Address of New Registered Agent Name CHIPPS, DIANNE L. Street Address (P.O. Box Number is Not Acceptable) 7301 RidgeWood AVE. C102 City CAPE CANAVERAL FL Zip Code 32920 | | |
| 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 DIANNE L. CHIPPS <i>DIANNE L. Chipps</i> FEB. 15, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P CHIPPS, ROGER L 7301 RIDGEWOOD AVE C102 CAPE CANAVERAL, FL 32920 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AVIS SCHROEDER 7301 RidgeWood AVE. B104 CAPE CANAVERAL, FL. 32920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHROEDER, RON 7301 RIDGEWOOD AVE., B104 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWARZ, CAROL 7301 RIDGEWOOD AVE., D104 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CHIPPS, DIANNE L 7301 RIDGEWOOD AVE C102 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | X P SCHWARZ, NEIL 7301 RIDGEWOOD AVE D102 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SCHWARZ NEIL 7301 RidgeWood AVE., D102 CAPE CANAVERAL, FL. 32920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D V BERUBE, RON 7301 RIDGEWOOD AVE B103 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V P BERUBE, RON 7301 RidgeWood AVE. B103 CAPE CANAVERAL, FL. 32920 |
| 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: <i>DIANNE L. Chipps</i> DIANNE L. Chipps FEB. 15, 2007 321-7235249 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #</small> | | | | | |

SECRETARY-TREASURER