2007 NOT-FOR-PROFIT CORPORATION

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

DOCUMENT # 756246 1. Entity Name CASTAWAY VILLAS CONDOMINIUM ASSOCIATION, INC.					02-19-2007 90043 037 ****61.25				
Principal Place of Business 7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920		Mailing Address 7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920			40	ПТарта	ı		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Numbe 59-228			pplied For ot Applicable	
Žip	Country	Zíp	Country		5. Certificate	of Status Desired	\$8.75 Ad		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHIPPS, ROGER L			Name	Name Chipps DIANNE L.					
7301 RIDGEWOOD AVENUE C102 CAPE CANAVERAL, FL 32920			Street A	Street Address (P.O. Box Number is Not Acceptable)					
10 p			Cinc	7301 Ridge wood AVE. C103					
3.5 4.7 City C)					CANAVI	-RAI	FL 325	120	
	named entity submits this statement for tions of registered agent.		egistered office or	r registere	ed agent, or bot	h, in the State of	Florida. I am familiar with	, and accept	
SECRETARY-TREASURER								A M	
SIGNATURE .	DIANNE L' LA	1442	AVA	DMM.	e m \in	MINAS/	120.13	2001 I	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required	when reinstating)	77	DATE		
	· · · · · · · · · · · · · · · · · · ·	and title if applicable. (NOTE:	······································			.	DATE Make check payable	to	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Carn Trust Fund Ca	paign Financing		\$5.00 May B Added to Fees	FI	orlda Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Carm Trust Fund Co RECTORS	paign Financing ontribution.		\$5.00 May B Added to Fees DDITIONS/CH	ANGES TO OFFIC	orlda Department of S	N 10	
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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: _

LE S. CHADO DIA NUE LE TYPED OR PRINTED HARBOUR BIGINING OFFICER OR DIRECTOR