

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04052008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**CHIPPS, DIANNE L
7301 RIDGEWOOD AVE 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. *No changes*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHROEDER, AVIS
STREET ADDRESS	7301 RIDGEWOOD AVE B104
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	D
NAME	SCHROEDER, RON
STREET ADDRESS	7301 RIDGEWOOD AVE., B104
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	D
NAME	SCHWARZ, CAROL
STREET ADDRESS	7301 RIDGEWOOD AVE., D104
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	STD
NAME	CHIPPS, DIANNE L
STREET ADDRESS	7301 RIDGEWOOD AVE C102
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	P
NAME	SCHWARZ, NEIL
STREET ADDRESS	7301 RIDGEWOOD AVE D102
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

TITLE	VP
NAME	BERUBE, RON
STREET ADDRESS	7301 RIDGEWOOD AVE B103Z
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

U00000897995
04/25/08-80070-011 61.25

**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:

Dianne L. Chipps
DIANNE L. CHIPPS
SECRETARY/TREASURER

Apr 10 2008
Date

321-783-5249
Daytime Phone #