

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759330

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** CASTAWAY COVE WAVE IV AND V HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1535 SOUTH 42ND CIRCLE  
TENNIS/GAZEBO BUILDING  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

4380 U. S. HIGHWAY #1  
VERO BEACH, FL 32967 US

**Current Mailing Address:**

P. O. BOX 651309  
VERO BEACH, FL 32965 US

**New Mailing Address:**

**FEI Number:** 59-2121652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEECHLY, CLIFFORD S JR.  
1535 SOUTH 42ND CIRCLE  
TENNIS/GAZEBO BUILDING  
VERO BEACH, FL 32967 US

**Name and Address of New Registered Agent:**

SPEECHLY, CLIFFORD S JR.  
4380 U. S. HIGHWAY #1  
VERO BEACH, FL 32967 US

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:

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: MCGARRY, SUSAN J  
Address: 1110 POITRAS DR.  
City-St-Zip: VERO BEACH, FL 32963 US

Title: T  
Name: COLLINS, GEORGE DR.  
Address: 871 OYSTER SHELL LANE  
City-St-Zip: VERO BEACH, FL 32963 US

Title: D  
Name: KNIGHT, RICHARD  
Address: 1120 POITRAS DRIVE  
City-St-Zip: VERO BEACH, FL 32963 US

Title: P  
Name: DUBE, JOHN (JACK)  
Address: 1330 POITRAS DRIVE  
City-St-Zip: VERO BEACH, FL 32963 US

Title: D  
Name: FERRO, JOHN A  
Address: 1371 INDIAN MOUND TRAIL  
City-St-Zip: VERO BEACH, FL 32963 US

Title: ASM  
Name: SPEECHLY, CLIFFORD S JR  
Address: 1535 SOUTH 42ND CIRCLE  
City-St-Zip: VERO BEACH, FL 32967 US

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: CLIFFORD S. SPEECHLY, JR.

ASM

03/22/2012

Electronic Signature of Signing Officer or Director

Date