

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 002 ****61.25

DOCUMENT # N00000007466					
1. Entity Name CASTLE PINES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 21160 NW RESERVE PARK TRACE PORT SAINT LUCIE, FL 34986			Mailing Address 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994		
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 65-1075277	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANTAGE PROPERTY MGT 1111 SE FEDERAL HWY STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	VPD MOLDOVAN, WAYNE 8954 SANDSHOT COURT PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHREIBER, JOSEPH 9107 SANDSHOT WAY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGHERTY, KEVIN 3909 SANDSHOT WAY PORT ST. LUCIE- FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERHARDT, GILBERT 8224 MULLIGAN CIRCLE PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVANAUGH, TOM 8225 MULLIGAN CIRCLE PORT ST. LUCIE- FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENSLEY, JERILYN 8286 MULLIGAN CIRCLE PORT ST. LUCIE- FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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>[Signature]</i>			3-11-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		