

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007466

FILED
Feb 26, 2009
Secretary of State

Entity Name: CASTLE PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21160 NW RESERVE PARK TRACE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1075277 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MGT
1111 SE FEDERAL HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLDOWAN, WAYNE
Address: 8954 SANDSHOT COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: DOUGHERTY, KEVIN
Address: 8909 SANDSHOT WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: GERHARDT, GILBERT
Address: 8224 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD () Delete
Name: CAVANAUGH, TOM
Address: 8225 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD () Delete
Name: BENSLEY, JERILYN
Address: 8286 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ELWELL, LEON
Address: 8252 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD (X) Change () Addition
Name: SIKLOS, THOMAS
Address: 5153 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD (X) Change () Addition
Name: GERHARDT, GILBERT
Address: 8224 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD (X) Change () Addition
Name: CAVANAUGH, THOMAS
Address: 8225 MULLIGAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS CAVANAUGH

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date