2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N02000008391

Entity Name: THE HOMEOWNERS ASSOCIATION OF CASTLEWOOD, INC

Current Principal Place of Business:

2663 AIRPORT ROAD SOUTH
SUITE D110
NAPLES, FL 34112

New Principal Place of Business:

1044 CASTELLO DR., 206
NAPLES, FL 34103

Current Mailing Address:

2663 AIRPORT ROAD SOUTH
SUITE D110
NAPLES, FL 34112

New Mailing Address:

1044 CASTELLO DR., STE 205
NAPLES, FL 34103

FEI Number: 55-0812559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR #206
NAPLES, FL 34103 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: PD ( ) Delete
Name: POBLAK, ROBERT
Address: 1789 SUPREME CT
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: SEHMIOT, GREG
Address: 9180 GALZERIA CT
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: ANDERSON, RON
Address: 25442 GALASKIELDS
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT POLLAK PD 04/12/2006
Electronic Signature of Signing Officer or Director — Date