

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008391

FILED
Mar 29, 2007
Secretary of State

Entity Name: THE HOMEOWNERS ASSOCIATION OF CASTLEWOOD, INC

Current Principal Place of Business:

1044 CASTELLO DR., 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR., STE 205
NAPLES, FL 34103

New Mailing Address:

1044 CASTELLO DR., STE 206
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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAY, KATHRYN
Address: 1769 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change () Addition
Name: HEIM, ED
Address: 1741 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

Title: T (X) Change () Addition
Name: BUCHOLZ, ALAN
Address: 1725 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

Title: D () Change (X) Addition
Name: POLLAK, BARBARA
Address: 1789 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

Title: D () Change (X) Addition
Name: MACKEY, STEVE
Address: 1740 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

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: KATHRYN DAY

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date