

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008391

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE HOMEOWNERS ASSOCIATION OF CASTLEWOOD, INC

Current Principal Place of Business:

745 12TH AVE S STE AA
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S STE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 55-0812559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MGMT
745 12TH AVE S STE AA
NAPLES, FL 34102 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: DAY, KATHY
Address: 1769 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

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

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

Title: VP () Delete
Name: POLLAK, BARBARA
Address: 1789 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GIDWANI, LORI
Address: 1728 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GOTSCHALL, BILL
Address: 1765 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

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

Title: VP (X) Change () Addition
Name: LOCK, PAUL
Address: 1729 SUPREME COURT
City-St-Zip: NAPLES, FL 34110

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: KATHY DAY

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date