

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005011

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** CASTLE PINES II TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRIAL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRIAL  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 20-1202672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISSACSON, WILLIAM  
C/O LONG MGMT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

ISSACSON, WILLIAM  
C/O LANG MGMT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BUTTAFUOCO, GLENN  
Address: 11 KINGSBROOK COURT  
City-St-Zip: MENDHAM, NJ 07945

Title: P ( ) Delete  
Name: WIT, RICHARD  
Address: 8155 MULLIGAN CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: ALLEN, ANN  
Address: 8123 CARNOUSTIE PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: WRIGHT, RICHARD  
Address: 8132 CARNOUSTIE PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change ( ) Addition  
Name: ALLEN, DAVID  
Address: 8123 CARNOUSTIE PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: GLEN

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date