2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002694

FILED Apr 30, 2009 Secretary of State

Entity Name: CASTLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11633 NW 23RD CT. 11570 NW 36 ST

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

11625 NW 23RD CT. 1906 NW 79 AVE CORAL SPRINGS, FL 33065 MARGATE, FL 33063

FEI Number: 20-4796875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASTILLO, GUILLERMO 11625 NW 23RD CT. CORAL SPRINGS, FL 33065

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE:

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 NAVARRO, GERMAN A
 Name:
 GUILLERMO, CASTILLO

 Address:
 11633 NW 23RD CT.
 Address:
 11633 NW 23RD CT.

Address: 11633 NW 23RD CT. Address: 11633 NW 23RD CT.
City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete Title: () Change () Addition

 Name:
 NAVARRO, JAVIER
 Name:

 Address:
 11633 NW 23RD CT.
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: VSD () Delete Title: () Change () Addition

 Name:
 CASTILLO, GUILLERMO
 Name:

 Address:
 11625 NW 23RD CT.
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 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: GUILLERMO CASTILLO VSD 04/30/2009