## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N07543

(4)

## THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 05 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address			i indiliti dia balin idabat bin	HO BINERA INII ALBIN A	INII OIRIE OIRI OI	B)( B)(B)( )(B)(
3901 DIXIE HWY, N.E. PALM BAY FL 32905-3647		3901 DIXIE HWY. N.E. Palm Bay FL 32905-3647			3. Date Incorporated or Qua 02/08/1985	alified		
					4. FEI Number			oplied For
2. Principal P	lace of Business	2a. Malling Address			59-2475912		<del>  </del>	ot Applicable
21		26			5. Certificate of Status Desir		Fee Re	Additional equired
Suite, Apt. #, etc. Suite, Apt. #, 6 22 27					<ol> <li>Election Campaign Finan</li> <li>Trust Fund Contribution</li> </ol>	ncing	\$5.00 Added to	
City & Stat	9	City & State			7. Is this nonprofit corporation			
23		28		7. Is this nonprofit corporate		No No	111	
Zip	Country	Zip	Country		8. This corporation owes or	has paid the ci	urrent year Int	langible
24	26		30		Personal Property Tax du			No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of N	lew Registered	Agent	
			81	Name				
VALICENTI, MARCUS E			<b>B2</b>	Street	Address (P.O. Box Number is Not Ad	ceptable)		
3901 DIXIE HWY NE #305 PALM BAY FL 32905			83				<del></del>	<del></del>
			84	City			<b>85</b> Zip	Code
						FL	_   '   '	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	12 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flor	s, the above uthorized by rida Statutes	e-named the corp 3.	corporation submits this statement for poration's board of directors. I hereby	or the purpose of accept the ap	of changing it pointment as	s registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered age	<del></del>		int signature	e required when reinstating)	DATE	D DIRECTOR	0.11.40
TITLE	PD OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 12
NAME	VALICENTI, MARCUS E		1.2 NAME		VD		B Orkingo	Addition
STREET ADDRESS	3901 DIXIE HWY NE #305		1.3 STREET	AOORESS				
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-S					
TITLE	VD	DELETE	2.1 TITLE		PD	-	Change	Addition
NAME	NELSON, HENRY		2.2 NAME		110		•	
STREET ADDRESS	3901 DIXIE HWY NE #101		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32905		2. 4 CITY-5	ST-ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	ROBERTS, ELAINE MRS		3.2 NAME					
STREET ADDRESS	3901 DIXIE HWY, NE #403		3.3 STREET	ADDRESS				
CITY-ST-Z#P	PALM BAY FL 32905	. <u> </u>	3.4. CITY-5	T-ZIP				
TITLE	DS	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME	LEDOUX, LUCILLE Y.		4. 2 NAME					
STREET ADORESS	3901 DIXIE HWY NE #405		4.3 STREET					
CITY-ST-ZIP	PALM BAY FL 32905	N DELETE	4.4 CITY - S	T-ZIP				NA area
TITLE	TD	<b>≥</b> DELETE	5.1 TITLE		70		☐ Change	Addition
NAME CTREET ADDRESS	WHITE, ROBERT MR		5.2 NAME		GANY COMANDS 3901 DIXIE HWY MALM LAY, FL 3	WE #20	9	
STREET ADDRESS	3901 DIXIE HWY NE		5.3 STREET		ATOLUNKIE ITOY	مسترارين وا	•	
CITY-ST-ZIP TITLE	PALM BAY FL 32905	☐ DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP	INUM ANY, FC 3	<u> </u>	Change	☐ Addition
HILE			DI HITE		1		— citalige	

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 in Block 12 or Block 13 if changed, or on an attachment with the address.

6.3 STREET ADDRESS

01011471155.

NAME Street address

CITY-ST-ZIP