

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N07543 (4)
1. Corporation Name
THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3901 DIXIE HWY. N.E. PALM BAY FL 32905-3647	Mailing Address 3901 DIXIE HWY. N.E. PALM BAY FL 32905-3647
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent VALICENTI, MARCUS E 3901 DIXIE HWY NE #305 PALM BAY FL 32905	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VALICENTI, MARCUS E 3901 DIXIE HWY NE #305 PALM BAY FL 32905	1.1 TITLE	VD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD NELSON, HENRY 3901 DIXIE HWY NE #101 PALM BAY FL 32905	2.1 TITLE	PD
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD ROBERTS, ELAINE MRS 3901 DIXIE HWY, NE #403 PALM BAY FL 32905	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS LEDoux, LUCILLE Y. 3901 DIXIE HWY NE #405 PALM BAY FL 32905	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD WHITE, ROBERT MR 3901 DIXIE HWY NE PALM BAY FL 32905	5.1 TITLE	TD
NAME		5.2 NAME	GARY EDWARDS
STREET ADDRESS		5.3 STREET ADDRESS	3901 DIXIE HWY NE #209
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)