

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90347 044 ****61.25

DOCUMENT # N07543

1. Entity Name

THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3901 DIXIE HWY NE #108
PALM BAY FL 32905

Mailing Address

3901 DIXIE HWY NE #108
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

59-2721749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINBERG, EDWARD J
2101 SOUTH WAVERLY PLACE, #200E
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DECHMEROWSKI, PAM	
STREET ADDRESS	3901 DIXIE HWY NE #108	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	MANUS, RICHARD	
STREET ADDRESS	9631 VEGENNES ST	
CITY-ST-ZIP	LOWELL MI 49331	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, BILL	
STREET ADDRESS	3901 DIXIE HWY NE #304	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GENOW, DAVID	
STREET ADDRESS	3901 DIXIE HWY NE #410	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	10 SEC.	<input type="checkbox"/> Delete
NAME	MITCHELL, PAUL	
STREET ADDRESS	3901 DIXIE HWY NE #206	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP PENLEY	
STREET ADDRESS	3901 DIXIE HWY NE #504	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HOGAN	
STREET ADDRESS	3901 DIXIE HWY NE #106	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WALKER	
STREET ADDRESS	3901 DIXIE HWY NE #504	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DUBRISKE	
STREET ADDRESS	3901 DIXIE HWY NE #409	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R.H. Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

772-562-9031

Daytime Phone *