


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 041 ****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
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40010184



2. Principal Place of Business - No P.O. Box # 3901 Dixie Hwy NE	3. Mailing Address 1900 S. Harbor City Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 227

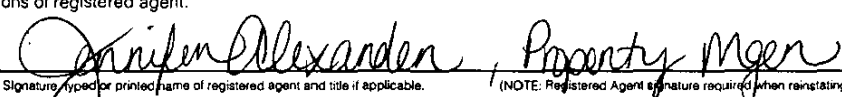
01032007 Chg-NP CR2E037 (12/06)

City & State Palm Bay, FL	City & State Melbourne, FL
Zip 32905	Zip 32901
Country USA	Country USA

4. FEI Number 59-2721749	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINBERG, EDWARD J 2101 SOUTH WAVERLY PLACE, #200E MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Vista Properties Mgmt, Inc. Street Address (P.O. Box Number is Not Acceptable) 1900 S. Harbor City Blvd Ste # 227 City Melbourne FL Zip Code 32901	
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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 reinstating)	DATE 1/3/2007

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENLEY, PHILLIP 3901 DIXIE HWY 507 PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGAN, ROBERT 3901 DIXIE HWY 106 PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD WALKER, ROBERT 3901 DIXIE HWY 504 GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Walker 3901 Dixie Hwy NE #504 Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBRISKE, ROBERT 3901 DIXIE HWY 409 PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Robert Dubriske 3901 Dixie Hwy NE #409 Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, PAUL 3901 DIXIE HWY NE #206 PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Jim Sullivan 3901 Dixie Hwy NE #503 Palm Bay, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: 	1/4/07 321-725-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #