2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07543

FILED Apr 21, 2009 Secretary of State

Entity Name: THE CASTAWAY COVE CONDOMINIUM ASSOCIATION, INC.

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

3901 DIXIE HWY NE PALM BAY, FL 32905

Current Mailing Address: New Mailing Address:

1900 HARBOR CITY BLVD
SUITE #227
MELBOURNE, FL 32901

100 VISTA ROYALE BLVD
VERO BEACH, FL 32962

FEI Number: 59-2721749 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:

VISTA PROPERTIES MGMT., INC

100 VISTA ROYALE BLVD

VERO BEACH, FL 32962 US

VISTA PROPERTIES MGMT

100 VISTA ROYALE BLVD

VERO BEACH, FL 32962 US

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.

SIGNATURE: VISTA PROPERTIES MANAGEMENT 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition GENAN, DAVID GENOW, DAVID Name: Name: 3901 DIXIE HWY. UNIT 510 Address: 3901 DIXIE HWY. UNIT 510 Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: Title: () Delete () Change () Addition

Title: S () Delete Title: () Change () Addition

 Name:
 HESTER, JIM
 Name:

 Address:
 3901 DIXIE HWY, UNIT 209
 Address:

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:

Title: 2VP () Delete Title: VP (X) Change () Addition Name: MEDIN, KEN Name: MEDIN, KEN

 Name:
 MEDIN, KEN
 Name:
 MEDIN, KEN

 Address:
 3901 DIXIE HWY UNIT 407
 Address:
 3901 DIXIE HWY UNIT 407

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 PALM BAY, FL 32905

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

 Name:
 TAYLOR, SAM
 Name:

 Address:
 3901 DIXIE HWY UNIT 102
 Address:

 City-St-Zip:
 PALM BAY, FL 32905
 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: STEVE SCHNITZER CAM 04/21/2009