

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90014 022 ****61.25

DOCUMENT # N16834 1. Entity Name CASTAWAY COVE WAVE VI HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 US			Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">50001155</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 02022006 Chg-NP CR2E037 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 59-2726647 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P NAME PAYNE, GARY STREET ADDRESS 1035 ANDARELLA WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE	Crothers, Ann SEC 1060 Seaboard Way VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P NAME PERKINS, GARRY STREET ADDRESS 1045 WINDERMERE WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE	Publio, Robert 1015 Windermere Way VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PRES NAME JONES, ATHALIA STREET ADDRESS 1040 ANDARELLA WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE	Teresi, Toni 1285 Admirals Walk VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D NAME LUCEY, DOTTIE STREET ADDRESS 1215 SPANISH LACE LANE CITY-ST-ZIP VERO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE	SHARON MORGAN 1295 NEAR OCEAN DR VERO BEACH, FL 32963	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP NAME PENZA, STEPHEN STREET ADDRESS 1365 ADMIRALS WALK CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<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 or without like empowered.					
SIGNATURE: ATHALIA JONES 2/21/06 772-492-0868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					