

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90084 031 ****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**

40033044



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2726647

Applied For
Not Applicable

Zip Country

Zip Country

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

**MERRILL, KAREN
835 20TH PLACE
VERO BEACH, FL 32960**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 NAME ☐ Delete
S CROTHERS, ANN
STREET ADDRESS **1060 BEAUMAN'S WAY**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE NAME ☐ Delete
D PUBLIO, ROBERT
STREET ADDRESS **1015 WINDMERE WAY**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE NAME ☐ Delete
P JONES, ATHALIA
STREET ADDRESS **1040 ANDARELLA WAY**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE NAME ☐ Delete
DT TEREJI, TONI
STREET ADDRESS **1285 ADMIRALS WALK**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE NAME ☐ Delete
VP PENZA, STEPHEN
STREET ADDRESS **1365 ADMIRALS WALK**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE NAME ☒ Delete
D MORGAN, SHARON
STREET ADDRESS **1295 NEAR OCEAN DR**
CITY-ST-ZIP **VERO BEACH, FL 32963**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
D PUGLIO, ROBERT
STREET ADDRESS **1015 WINDMERE WAY**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE NAME ☒ Change ☐ Addition
D PUGLIO, ROBERT
STREET ADDRESS **1015 WINDMERE WAY**
CITY-ST-ZIP **VERO BEACH FL 32963**

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CITY-ST-ZIP **VERO BEACH, FL 32963**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #