

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 AUG 29 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18553**

1. Corporation Name  
**CASTLE WOODS HOME OWNER'S ASSN., INC.**

Principal Place of Business	Mailing Address
<b>2988 Castle Woods Lane Clearwater, FL 34619</b>	<b>2988 Castle Woods Ln. Clearwater, FL 34619</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1986</b>		3a. Date of Last Report <b>4/24/95</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0286223</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b>		Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TREFZ, Anna Y. 2988 Castle Woods Lane Clearwater, FL 34619</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> DELETE			
<b>P</b>	<b>President</b>				
<b>D</b>	<b>MEILS, Elaine</b>				
STREET ADDRESS					
<b>1851 Castle Woods Drive</b>					
CITY - ST - ZIP					
<b>Clearwater, FL 34619</b>					
TITLE	NAME	<input type="checkbox"/> DELETE			
<b>D</b>	<b>Vice President</b>				
<b>D</b>	<b>HOUGH, Glenn</b>				
STREET ADDRESS					
<b>1862 Castle Woods Drive</b>					
CITY - ST - ZIP					
<b>Clearwater, FL 34619</b>					
TITLE	NAME	<input type="checkbox"/> DELETE			
<b>D</b>	<b>Sec6t/Tres.</b>				
<b>D</b>	<b>TREFZ, Anna Y.</b>				
STREET ADDRESS					
<b>2988 Castle Woods Lane</b>					
CITY - ST - ZIP					
<b>Clearwater, FL 34619</b>					
TITLE	NAME	<input type="checkbox"/> DELETE			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> DELETE			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> DELETE			
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11 TITLE					
<b>100001941621</b>					
12 NAME					
<b>-09/06/96 -01088 -001</b>					
13 STREET ADDRESS					
<b>*****61.25 *****61.25</b>					
14 CITY - ST - ZIP					
21 TITLE					
<b>100001941621</b>					
22 NAME					
<b>-09/06/96 -01088 -002</b>					
23 STREET ADDRESS					
<b>*****8.75 *****8.75</b>					
24 CITY - ST - ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/11/96** (813) 796-6583  
Date: Day: the Month: Year

CR2E037 (3/96)

7/28  
9/5/96