

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 10 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18553

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



Principal Place of Business
1886 CASTLEWOODS DR
CLEARWATER, FL 33759 US

Mailing Address
1886 CASTLEWOODS DR
CLEARWATER, FL 33759 US

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10192004 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
65-0286223

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

MCVAE, BRUCE J
1886 CASTLEWOODS DR
CLEARWATER, FL 34759

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCVAE, BRUCE J
STREET ADDRESS 1886 CASTLEWOODS DR
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME HOUGH, GLENN
STREET ADDRESS 1882 CASTLE WOODS DRIVE
CITY-ST-ZIP CLEARWATER, FL 38759 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 500042285115
STREET ADDRESS 10/28/04--01050--004 **236.25
CITY-ST-ZIP

TITLE STD
NAME OLIVER, CHARLOTTE
STREET ADDRESS 2982 CASTLE WOODS LANE
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Chadell Q. McVae
Signature and typed or printed name of signing officer or director

10/25/04 727 724-9777
Date Daytime Phone #

10/8/04 727-726-5549