


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N18553 1. Entity Name CASTLE WOODS HOME OWNER'S ASSN., INC.	
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Principal Place of Business 1886 CASTLEWOODS DR CLEARWATER, FL 33759 US	Mailing Address 1886 CASTLEWOODS DR CLEARWATER, FL 33759 US
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01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0286223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCVAE, BRUCE J 1886 CASTLE WOODS DR CLEARWATER, FL 34759
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**DO NOT WRITE
IN THIS SPACE**

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: *Charlotte Oliver* *Charlotte Oliver* *1/24/05*
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCVAE, BRUCE J 1886 CASTLEWOODS DR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOUGH, GLENN 1862 CASTLE WOODS DRIVE CLEARWATER, FL 38759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLIVER, CHARLOTTE 2982 CASTLE WOODS LANE CLEARWATER, FL 33759
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01/28/05-80018-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bruce J McVae* *1/21/05* *(727) 726-5547*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #