

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90379 036 ****61.25

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

0004403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006 Chg-NP CR2E037 (11/05)

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE STD Michelle Wolfe ☐ Change ☒ Addition
NAME
STREET ADDRESS 1874 Castle Woods Dr
CITY-ST-ZIP Clearwater FL 33759

TITLE VPD ☐ Delete
NAME HOUGH, GLENN
STREET ADDRESS 1862 CASTLE WOODS DRIVE
CITY-ST-ZIP CLEARWATER, FL 38759

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
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 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:

Bruce J. McVae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce J. McVae

Date

3/2/06 (727) 726-5549
Daytime Phone #