


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 002 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1874 Castle woods Dr
City & State	City & State Clearwater FL
Zip	Country
33759	33759



1st MOORE CR2E037 (10/06)

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	
7. Name and Address of New Registered Agent	
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 \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	MCVAE, BRUCE J	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1886 CASTLEWOODS DR	1886 CASTLEWOODS DR	STREET ADDRESS	
CLEARWATER FL 33759	CLEARWATER FL 33759	CITY - ST - ZIP	
<input type="checkbox"/> Delete			
VPD	HOUGH, GLENN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1862 CASTLE WOODS DRIVE	1862 CASTLE WOODS DRIVE	STREET ADDRESS	
CLEARWATER FL 33759	CLEARWATER FL 33759	CITY - ST - ZIP	
<input type="checkbox"/> Delete			
STD	WOLFE, MICHELLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1874 CASTLE WOODS DR	1874 CASTLE WOODS DR	STREET ADDRESS	
CLEARWATER FL 33759	CLEARWATER FL 33759	CITY - ST - ZIP	
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		STREET ADDRESS	
		CITY - ST - ZIP	
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		STREET ADDRESS	
		CITY - ST - ZIP	
<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Bruce J McVae 3/13/07 (727) 725-5627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #