

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18553

FILED
Jun 05, 2008
Secretary of State

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

Current Principal Place of Business:

1886 CASTLEWOODS DR
CLEARWATER, FL 33759 US

New Principal Place of Business:

1874 CASTLE WOODS DR
CLEARWATER, FL 33759 US

Current Mailing Address:

1874 CASTLEWOODS DR
CLEARWATER, FL 33759 US

New Mailing Address:

1874 CASTLE WOODS DR
CLEARWATER, FL 33759 US

FEI Number: 65-0286223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCVAE, BRUCE J
1886 CASTLE WOODS DR
CLEARWATER, FL 34759 US

Name and Address of New Registered Agent:

WOLFE, MICHELE TREAS.
1874 CASTLE WOODS DR
CLEARWATER, FL 33759 US

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.

SIGNATURE: MICHELE WOLFE

06/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: MCVAE, BRUCE J
Address: 1886 CASTLEWOODS DR
City-St-Zip: CLEARWATER, FL 33759

Title: VPD (X) Delete
Name: HOUGH, GLENN
Address: 1862 CASTLE WOODS DRIVE
City-St-Zip: CLEARWATER, FL 38759

Title: STD () Delete
Name: WOLFE, MICHELLE
Address: 1874 CASTLE WOODS DR
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WOLFE, MICHELE
Address: 1874 CASTLE WOODS DR
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE WOLFE

STD

06/05/2008

Electronic Signature of Signing Officer or Director

Date