


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

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90044 028 \*\*\*\*70.00

<b>DOCUMENT #</b> N99000007677	
<b>1. Entity Name</b> CASTLE PINES TOWNHOMES ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE FL 34986	<b>Mailing Address</b> 21045 COMMERCIAL TRIAL BOCA RATON FL 33486
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 65-0971854	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLIAM K. ISAACSON, 21045 COMMERCIAL TRIAL BOCA RATON FL 33486	
<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> SMITH, ARTHUR 9325 WORLD CUP WAY PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> TIM SCHUM 9219 WENTWORTH LANE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> SAULNIER, ROBERT 9322 WENTWORTH LANE PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> ROBERT MINER 9304 WORLD CUP WAY PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> COX, CASH 9204 WORLD CUP WAY PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> ART SMITH 9325 WORLD CUP WAY PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> ROBERT SAULNIER 9322 WENT WORTH LANE PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> JACK PANTANO 9334 WORLD CUP WAY PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 who empowered.**

**SIGNATURE:**  4/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #