2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759330

Entity Name: CASTAWAY COVE WAVE IV AND V HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

780 U.S. HWY. 1, SUITE 300 VERO BEACH, FL 32962

Current Mailing Address:

KEYSTONE PROPERTY MANAGEMENT GROUP 780 U.S. HWY. 1, SUITE 300 VERO BEACH, FL 32962 US

FEI Number: 59-2121652 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, WILLIAM C KEYSTONE PROPERTY MANAGEMENT GROUP 780 U.S. HWY. 1, SUITE 300 VERO BEACH, FL 32962 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: WILLIAM C LEE 03/06/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name BISCHOFF, NICHOLAS Name DUBE, JOHN

Address KEYSTONE PROPERTY Address KEYSTONE PROPERTY MANAGEMENT GROUP MANAGEMENT GROUP

780 U.S. HWY. 1, SUITE 300 780 U.S. HWY. 1, SUITE 300

City-State-Zip: VERO BEACH FL 32962 City-State-Zip: VERO BEACH FL 32962

Title TREASURER Title SECRETARY

Name COLLINS, EDITH Name PESHKE, JENNIFER

Address KEYSTONE PROPERTY Address KEYSTONE PROPERTY

MANAGEMENT GROUP
780 U.S. HWY. 1, SUITE 300

MANAGEMENT GROUP
780 U.S. HWY. 1, SUITE 300

City-State-Zip: VERO BEACH FL 32962 City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR

Name CHANDLER, KEELY

Address KEYSTONE PROPERTY

MANAGEMENT GROUP 780 U.S. HWY. 1, SUITE 300

City-State-Zip: VERO BEACH FL 32962

I hereby 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 all other like empowered.

SIGNATURE: JOHN DUBE PRESIDENT 03/06/2023

FILED Mar 06, 2023

Secretary of State

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