

2016 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:**4380 U. S. HIGHWAY #1
VERO BEACH, FL 32967**Current Mailing Address:**P. O. BOX 651309
VERO BEACH, FL 32965 US**FEI Number: 59-2121652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPEECHLY, CLIFFORD SJR.
4380 U. S. HIGHWAY #1
VERO BEACH, FL 32967 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ASKIN, KEVIN
Address	4380 U. S. HIGHWAY #1
City-State-Zip:	VERO BEACH FL 32967

Title	DIRECTOR
Name	CASEY, AMY
Address	1330 POITRAS DRIVE
City-State-Zip:	VERO BEACH FL 32963

Title	ASM
Name	SPEECHLY, CLIFFORD SJR
Address	1535 SOUTH 42ND CIRCLE
City-State-Zip:	VERO BEACH FL 32967

Title	VP
Name	JUSTICE, TIFFANY
Address	4380 U. S. HIGHWAY #1
City-State-Zip:	VERO BEACH FL 32967

Title	TREASURER
Name	COLLINS, EDIE
Address	4380 U. S. HIGHWAY #1
City-State-Zip:	VERO BEACH FL 32967

Title	SECRETARY
Name	DUBE, JACK
Address	4380 U. S. HIGHWAY #1
City-State-Zip:	VERO BEACH FL 32967

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: CLIFFORD S. SPEECHLY, JR.**ASSISTANT SECRETARY 01/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date