



88(2)

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.

CHFP001

Company Number

2097302

Company name in full

Castle Marina Residents Association Ltd

Shares allotted (including bonus shares):

Date or period during which
shares were allotted
(If shares were allotted on one date
enter that date in the "from" box)

From

To

Day Month Year

Day Month Year

08 09 2000

07 09 2001

Class of shares
(ordinary or preference etc)

ORDS

Number allotted

2

Nominal value of each share

1

Amount (if any) paid or due on each
share (including any share premium)

1

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be
treated as paid up

Consideration for which
the shares were allotted
(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

When you have completed and signed the form send it to
the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050
Cardiff
For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235
Edinburgh
For companies registered in Scotland



Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted	
Name A. Beaumont Address 11 Custer Wharf Castle Marina The Mooring Noddington UK Postcode L L L L L L L	Class of shares allotted ORD	Number allotted 1
Name Mrs Mrs M C S M Hopper Address 27 Heron Wharf Castle Marina The Mooring Noddington UK Postcode L L L L L L L	Class of shares allotted ORD	Number allotted 1
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted

Please enter the number of continuation sheet(s) (if any) attached to this form

Signed

M. Bice

Date

25/9/91

~~Director / secretary / administrator / administrative receiver / receiver manager / receiver~~

Please delete as appropriate

**For and on behalf of
Solitaire Secretaries Ltd**

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

Tel	
DX number	DX exchange