


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90183 045 ****61.25

DOCUMENT # 741752	
1. Entity Name CASTLE REEF CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4175 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169	Mailing Address 4175 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169
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50044899



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1860103	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHERER, JOYCE
 AT THE BEACH MANAGEMENT INC
 4175 S ATLANTIC AVE STE 115
 NEW SMYRNA BEACH, FL 32169

DO NOT WRITE IN THIS SPACE

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 re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHELAN, WILLIAM E 44 FAIRGREEN AVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULLEN, DONALD 2237 CHANTILLY TERR OVIEDO, FL 32785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYAN, TRUDY 4175 S. ATLANTIC NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKINSON, WILLIAM 2935 LA CITA LANE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINOKUR, EDWARD 14006 COPPER HILL RD. MIDLOTHIAN, VA 23112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXX

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: Trudy M. Bryan **4/22/05** **386-429-8729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #