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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741752 (0)

1. Corporation Name

CASTLE REEF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1978

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1860103

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRELL, ROBERT
% COBB, COLE & BELL
150 MAGNOLIA AVE
DAYTONA BEACH FL 32115

81 Name SUSAN HOUNSDOM
82 Street Address (P.O. Box Number is Not Acceptable)
315 FLAGLER AVE.
83
84 City NEW SMYRNA BEACH FL 85 Zip Code 32169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *S. R. Hounsdome* S. R. Hounsdome

1/27/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DICKINSON, WILLIAM
STREET ADDRESS 2935 LA CITA LANE
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME POTAMI, CAROL
STREET ADDRESS 406 OAK HAVEN DR.
CITY-ST-ZIP ALTAMONTE SPGS. FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WRIGHT, JACK
STREET ADDRESS 154 SUE DR.
CITY-ST-ZIP ALTAMONTE SPGS. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME NELSON, TED
STREET ADDRESS 2408 GEIGLE AVE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

VD

SD
DONALD HARKLERD
2296 HENDERSON MILL RD # 203
ATLANTA, GA 30345

D
NORMAN HULL
2101 THUNDERBOLT TR.
MAITLAND, FL 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Dickinson* WILLIAM J. DICKINSON GEN'L MGR 1-25-95 904-427-5252

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

Date

Signature Number

0000604