


FILED
Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741752

1. Corporation Name

CASTLE REEF CONDOMINIUM ASSOCIATION, INC.

542833 - 90341 - 1

Principal Place of Business
 4175 S. ATLANTIC AVE.
 NEW SMYRNA BEACH FL 32169

Mailing Address
 4175 S. ATLANTIC AVE.
 NEW SMYRNA BEACH FL 32169



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1978	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1860103		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent

HOUNSOM, SUSAN
315 FLAGLER AVE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	D.V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, WILLIAM	1.2 NAME	Dickinson, William
STREET ADDRESS	2935 LA CITA LANE	1.3 STREET ADDRESS	2935 La Cita Lane
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON TED	2.2 NAME	Anthony Lombardi
STREET ADDRESS	2405 GEIGLE AVE	2.3 STREET ADDRESS	1806 Fairview Shore Dr. T
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	TO <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, TRUDY	3.2 NAME	Trudy Bryan
STREET ADDRESS	4175 S. ATLANTIC	3.3 STREET ADDRESS	4175 S. Atlantic Ave
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	N. S. Beach FL 32169
TITLE	SB <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, WILLIAM	4.2 NAME	William Whelan
STREET ADDRESS	4175 S. ATLANTIC, #407	4.3 STREET ADDRESS	4175 S. Atlantic Ave
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	N. S. Beach FL 32169
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, NORMAN	5.2 NAME	Benjamin Hernandez
STREET ADDRESS	2101 THUNDERBIRD TR	5.3 STREET ADDRESS	2505 Native Court
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE RECORDED

4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)