

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90245 050 \*\*\*\*61.25

0009707

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1860103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUNSOM, SUSAN  
315 FLAGLER AVE  
NEW SMYRNA BEACH FL 32169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **VPD**  
STREET ADDRESS **DICKINSON, WILLIAM**  
CITY-ST-ZIP **2935 LA CITA LANE  
TITUSVILLE FL**

TITLE ☒ Delete  
NAME **DT**  
STREET ADDRESS **LOMBARDI, ANTHONY**  
CITY-ST-ZIP **1806 FAIRVIEW SHORE DR.  
ORLANDO FL 32804**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BRYAN, TRUDY**  
CITY-ST-ZIP **4175 S. ATLANTIC  
NEW SMYRNA BEACH FL**

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **WHELAN, WILLIAM**  
CITY-ST-ZIP **4175 S. ATLANTIC., #407  
NEW SMYRNA BEACH FL**

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **HERNANDEZ, BENJAMIN**  
CITY-ST-ZIP **2525 NATIVE CT  
MAITLAND FL 32751**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **VPD Dave Dennison**  
STREET ADDRESS **221 Schooner Avenue**  
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **John W. Seivers**  
CITY-ST-ZIP **2312 Roseberry Lane  
Johnson City TN 37604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PD**  
STREET ADDRESS **Stuart Cashman**  
CITY-ST-ZIP **2712 Turnbull Estates Dr  
New Smyrna Beach, FL 32169**

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **Lynn Manning**  
CITY-ST-ZIP **548 North Leavitt Ave  
Orange City, FL 32763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)