

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90026 036 ****61.25

DOCUMENT # 741752

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **JOYCE SCHERER**

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

AT THE BEACH MANAGEMENT, INC

4175 S. ATLANTIC AVE, STE 115

City **New Smyrna Beach FL** Zip Code **32169**

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

Joyce Scherer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **DENNISON, DAVE**
STREET ADDRESS **221 SCHOONER AVENUE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **VD** ☐ Change ☒ Addition
NAME **WILLIAM E. WHELAN**
STREET ADDRESS **44 FAIRGREEN AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☒ Delete
NAME **SEIVERS, JOHN W**
STREET ADDRESS **2312 ROSEBERRY LANE**
CITY-ST-ZIP **JOHNSON CITY TN 37604**

TITLE **D** ☐ Change ☒ Addition
NAME **DONALD BULLEN**
STREET ADDRESS **2232 Chantilly Terr**
CITY-ST-ZIP **Oviedo FL 32765**

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

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

TITLE **PD** ☐ Delete
NAME **CASHMAN, STUART**
STREET ADDRESS **2712 TURNBILL ESTATES DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **TD** ☐ Delete
NAME **MANNING, LYNN**
STREET ADDRESS **548 NORTH LEAVITT AVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Trudy M. Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-427-5252

CR2E037 (9/01)