

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 016 ****61.25

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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

1st MOORE

CR2E037 (10/05)

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

SCHERER, JOYCE
AT THE BEACH MANAGEMENT INC
4175 S ATLANTIC AVE STE 115
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WHELAN, WILLIAM E
STREET ADDRESS 44 FAIRGREEN AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VPD ☐ Delete
NAME BULLEN, DONALD
STREET ADDRESS 2237 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 TD ☐ Delete
NAME DICKINSON, WILLIAM
STREET ADDRESS 2935 LA CITA LANE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ Delete
NAME WINOKUR, EDWARD
STREET ADDRESS 14006 COPPER HILL RD.
CITY-ST-ZIP MIDLOTHIAN VA 23112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Edward Winokur
STREET ADDRESS 4175 S. Atlantic Ave #406
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE VPD ☐ Change ☒ Addition
NAME Lonnie Parrish
STREET ADDRESS 326 Bellingrath Terrace
CITY-ST-ZIP Deland, FL 32724

TITLE SD ☐ Change ☒ Addition
NAME Jim Manicure
STREET ADDRESS P O Box 363
CITY-ST-ZIP Wise, VA 24293

TITLE TD ☐ Change ☒ Addition
NAME Mr. Salvatore Armetta
STREET ADDRESS 505 S. Abington Rd.
CITY-ST-ZIP Clarks Green, PA 18411

TITLE D ☐ Change ☒ Addition
NAME John Seivers
STREET ADDRESS 4175 S Atlantic Ave
CITY-ST-ZIP New Smyrna Beach, FL 32169

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 exemptions contained in Section 119, 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:

W. Wheeler (ARZAT)

4-24-06

386
427-5252