

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 008 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1860103

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Joyce A. Scherer

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-16-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDKUR, EDWARD 4175 S ATLANTIC AVE 406 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULLEN, DONALD 2237 CHANTILLY TERR OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYAN, TRUDY 4175 S. ATLANTIC NEW SMYRNA BEACH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKINSON, WILLIAM 2935 LA CITA LANE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINOKUR, EDWARD 14006 COPPER HILL RD. MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARRISH, LONNIE 328 BELLINGRATH TERR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP John Seivers 2312 Roseberry Lane Johnson City, TN 37604		<input type="checkbox"/> Addition
SD James Manicure P. O. Box 363 Wise, VA 24293		<input type="checkbox"/> Addition
TD Salvatore Armetta R.R. #1, Box 222E New Milford, PA 18834		<input type="checkbox"/> Addition
D Dana Legge 615 Brookfield Terrace Deland, FL 32724		<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Edward L. Windkur, President, Castle Reef Assoc 3/16/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #