

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741752

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** CASTLE REEF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4175 S. ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4175 S. ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-1860103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRIDE, DAVID  
4175 SOUTH ATLANTIC AVE  
SUITE 115  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NOLAN, CAROL  
Address: 607 MOURNING DOVE CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP  
Name: ARMETTA, SAL  
Address: 2092 STATE ROAD 848  
City-St-Zip: NEW MILFORD, PA 18834

Title: T  
Name: ANDREWS, PATRICIA  
Address: 4175 SOUTH ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S  
Name: HOECHSTENBACH, DON  
Address: 1921 MEYER DRURY  
City-St-Zip: ARNOLD, MO 63010

Title: D  
Name: SEIVERS, JOHN  
Address: 2312 ROSEBERRY LANE  
City-St-Zip: JOHNSON CITY, TN 37604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL NOLAN

P

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date