

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741752

Entity Name: CASTLE REEF CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169**FEI Number:** 59-1860103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCBRIDE, DAVID
4175 SOUTH ATLANTIC AVE
SUITE 115
NEW SMYRNA BEACH, FL 32169 US*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**Officer/Director Detail :**

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

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

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

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

Title	D
Name	GARCIA, PJ
Address	103 WEST PRINCETON STREET
City-State-Zip:	ORLANDO FL 32804

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

02/12/2013

Electronic Signature of Signing Officer/Director Detail_____
Date