### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741752** 

Entity Name: CASTLE REEF CONDOMINIUM ASSOCIATION, INC.

**FILED** Jan 22, 2020 **Secretary of State** 8253861466CC

# **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:

VΡ Title Title

ANDREWS, PATRICIA Name Name NOLAN, JOHN

Address 4175 S. ATLANTIC AVE. #501 Address 607 MOURNING DOVE CIRCLE

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title Title

Name HOECHSTENBACH, DON Name ARMETTA, SALVATORE Address 1921 MEYER DRURY Address 2092 STATE ROAD 848 ARNOLD MO 63010

City-State-Zip:

Title

City-State-Zip:

Name HADLEY, JOHN

Address 1500 RIDGEWAY ROAD

NEW MILFORD PA 18834

City-State-Zip: DAYTON OH 45419

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: PATRICIA ANDREWS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/22/2020