

2023 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 US**FEI Number:** 59-1860103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWBERRY, MARY
4175 SOUTH ATLANTIC AVE
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, JOHN
Address	607 MOURNING DOVE CIRCLE
City-State-Zip:	LAKE MARY FL 32746

Title	S
Name	YUTZY, MURRAY
Address	420 BOUCHELLE DR UNIT 303
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	T
Name	HOOVER, PAT
Address	503 AVERN COURT
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	HADLEY, JOHN
Address	196 LOOKOUT DRIVE
City-State-Zip:	OAKWOOD OH 45419

Title	D
Name	RUSSELL, DEBBIE
Address	311 EAST TROTTERS DR
City-State-Zip:	MAITLAND FL 32751

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: JOHN NOLAN**BOARD PRESIDENT****02/08/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date