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

Electronic Signature of Signing Officer/Director Detail

02/05/2015

Date

#### 2092 STATE ROAD 848 NEW MILFORD PA 18834 LAKE MARY FL 32746 City-State-Zip: Title S т Name HOECHSTENBACH, DON ANDREWS, PATRICIA Address 1921 MEYER DRURY 4175 SOUTH ATLANTIC AVE. City-State-Zip: ARNOLD MO 63010 NEW SMYRNA BEACH FL 32169 D MARSHALL, ANDREW **103 WEST PRINCETON STREET**

Title Þ Title Name NOLAN. CAROL Name Address 607 MOURNING DOVE CIRCLE Address City-State-Zip: Title Name Address City-State-Zip: Title Name

#### **Officer/Director Detail :**

## SUITE 115 NEW SMYRNA BEACH, FL 32169 US

VP

ARMETTA, SAL

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.

### MCBRIDE, DAVID

SIGNATURE:

Address

City-State-Zip:

4175 SOUTH ATLANTIC AVE

## 2015 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

## Name and Address of Current Registered Agent:

ORLANDO FL 32804

Electronic Signature of Registered Agent

# PRESIDENT

Date

#### FILED Feb 05, 2015 Secretary of State CC7148397519

Certificate of Status Desired: No