

**2016 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 ANDREWS, PATRICIA  
Address 4175 S. ATLANTIC AVE. #501  
City-State-Zip: NEW SMYRNA BEACH FL 32169

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

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

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

Title D  
Name MARSHALL, ANDREW  
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: PATRICIA ANDREWS**

**PRESIDENT**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date