

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N03000000524

Entity Name: CASTLETON GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 18, 2022
Secretary of State
1355973901CC

Current Principal Place of Business:

C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
NAPLES, FL 34103

Current Mailing Address:

C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
NAPLES, FL 34103 US

FEI Number: 11-3676143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDEN PROPERTY MANAGEMENT SERVICES, LLC
C/O GOLDEN PROPERTY MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
NAPLES, FL 34103 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: JESSICA MACERA

08/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MONCMAN, PATTIE
Address C/O GOLDEN PROPERTY
MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
City-State-Zip: NAPLES FL 34103

Title PRESIDENT
Name MARTIN, SANDY
Address C/O GOLDEN PROPERTY
MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name MACK, ELAINE
Address C/O GOLDEN PROPERTY
MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name KRUMHOLZ, LENNY
Address C/O GOLDEN PROPERTY
MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name WHELAN, VERONICA
Address C/O GOLDEN PROPERTY
MANAGEMENT SERVICES, LLC
4099 TAMIAMI TRAIL N. SUITE 403
City-State-Zip: NAPLES FL 34103

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: SANDY MARTIN

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08/18/2022

Electronic Signature of Signing Officer/Director Detail

Date