

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT,  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

95 MAY -1 PM 1:11

DOCUMENT # 723265 (5)

CASTAWAYS DIVING CLUB, INCORPORATED

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address	
3232 RIVER VILLA WAY MELBOURNE BEACH FL 32951		3232 RIVER VILLA WAY MELBOURNE BEACH FL 32951	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3b. Date of Last Report
21	26	04/25/1972	05/01/1994
Suite, Apt. # etc.		4. FEI Number	Applied For / Not Applicable
22		59-2113564	
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23			
Zip	County	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25		
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOLIN, JUDITH M 3232 RIVER VILLA WAY MELBOURNE BEACH FL 32951		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VD	11 TITLE	V
12 NAME	MATTHEWS, SUSAN	12 NAME	Beason, Jim
13 STREET ADDRESS	1989 BRITTANY DR, E	13 STREET ADDRESS	506 South Wildwood Lane
14 CITY, ST, ZIP	INDIALANTIC FL	14 CITY, ST, ZIP	Melbourne, FL 32904
15 TITLE	SD	15 TITLE	S
16 NAME	ALEXANDER, COLETTE	16 NAME	Matthews, Susan
17 STREET ADDRESS	808 HICKORY ST	17 STREET ADDRESS	1841 Theys Drive
18 CITY, ST, ZIP	MELBOURNE FL	18 CITY, ST, ZIP	Viera, FL 32940
19 TITLE	TD	19 TITLE	
20 NAME	MOLIN, JUDITH M	20 NAME	
21 STREET ADDRESS	3232 RIVER VILLA WAY	21 STREET ADDRESS	
22 CITY, ST, ZIP	MELBOURNE BEACH FL 32951	22 CITY, ST, ZIP	
23 TITLE	D	23 TITLE	D
24 NAME	VRANA, RICHARD J	24 NAME	Jensen, Bob
25 STREET ADDRESS	P O BOX 360746	25 STREET ADDRESS	2498 Empire Avenue
26 CITY, ST, ZIP	MELBOURNE FL	26 CITY, ST, ZIP	Melbourne, FL 32934
27 TITLE	PD	27 TITLE	P
28 NAME	RICE, CHARLES	28 NAME	Molin, Arthur
29 STREET ADDRESS	973 RIPLEY TERRACE NE	29 STREET ADDRESS	3232 River Villa Way
30 CITY, ST, ZIP	PALM BAY FL	30 CITY, ST, ZIP	Melbourne Beach, FL
31 TITLE		31 TITLE	T
32 NAME		32 NAME	Clinton, W. A.
33 STREET ADDRESS		33 STREET ADDRESS	2002 Harbor City Blvd.
34 CITY, ST, ZIP		34 CITY, ST, ZIP	Melbourne, FL 32902

REMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally or in any way affect the liability of the corporation. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 use this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith M. Molin* 4-24-95 (407) 984-0680