

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733661

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CASTEL DEL MARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1620 STICKNEY POINT RD.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

1620 STICKNEY POINT RD.  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 59-1976184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JURRENS, JANELL  
1620 STICKNEY PT. RD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCOY, PAUL F  
Address: 1610 STICKNEY PT. RD #202  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: HAMBLIN, FRED  
Address: 1656 STICKNEY PT RD #102  
City-St-Zip: SARASOTA, FL 34231

Title: S ( ) Delete  
Name: MAMAK, WALTER  
Address: 1618 STICKNEY PT. RD #201  
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete  
Name: ZACHARIAS, ANDREW  
Address: 1608 STICKNEY PT RD #103  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: HELSING, RAY  
Address: 1624 STICKNEY PT. RD #202  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: COLLINS, ED  
Address: 1630 STICKNEY PT. RD. #101  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAPP, STEPHEN  
Address: 1602 STICKNEY PT. RD #407  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL F. MCCOY

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date