

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mourtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736413 (6)

1. Corporation Name

CASTLE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

220 KRIDER ROAD
SANFORD FL 32773

220 KRIDER ROAD
SANFORD FL 32773

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

HUNT, CAROL A.
220 KRIDER RD.
SANFORD FL 32773

3. Date Incorporated or Qualified

07/20/1976

3a. Date of last report

05/17/1994

4. FEI Number

59-1734542

Applied For
TALLAHASSEE, FLORIDA

5. Certificate of Status Desired

Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 ☐ No ☒

10. Name and Address of New Registered Agent

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

Signature (Typed or printed name of registered agent and the date)

(Typed or printed name of registered agent and the date)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MERCER, JOHN Y
STREET ADDRESS 218 KRIDER ROAD
CITY, ST, ZIP SANFORD FL

TITLE VD
NAME YANIK, WANDA
STREET ADDRESS 222 KRIDER RD.
CITY, ST, ZIP SANFORD, FL 0

TITLE STD
NAME HUNT, CARROLL R
STREET ADDRESS 220 KRIDER RD
CITY, ST, ZIP SANFORD FL

TITLE TSD
NAME HUNT, CARROLL R
STREET ADDRESS 220 KRIDER RD.
CITY, ST, ZIP SANFORD FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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 execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARROLL R. HUNT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carroll R. Hunt 5/2/95

DATE

407-321-4310

TELEPHONE (Area #)

55 MAY 11 1995
SECRETARY OF
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA