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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 736413

(6)

## CASTILLE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

n : I piu			/ ASSUCIATIO	N, ING.						
Principal Place	of Business	Ма	iling Address							
220 KRIDER R SANFORD FL			20 KRIDER ROAD ANFORD FL 32773							
SANFOND FL	32113	3	AND TE 32773			<u> </u>	Date Incorporated or Qualified	1 20 [	Date of Last F	Panart
						'	07/20/1976	J Sa. L	05/11/19	
2. Principal Pla	ace of Business	2a.	Mailing Address				1. FEI Number			pplied For
1		26	J				59-1734542		,	lot Applicable
Suite Apt. #	t, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
2		[27]	64.66.						<del></del>	Required
City & State	•	28	City & State			'	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>			May Be I to Fees
<i>Z</i> ip	Country		Z <sub>I</sub> p	Coun	try		This corporation has liability for	or intangible		
<b>,</b>	25	29	·	30	•		Florida Statutes	☐ Yes [		
	9. Name and Addres	s of Current Regis	tered Agent				<ol><li>Name and Address of New</li></ol>	Registered	d Agent	
				]1	81 Name					
HUNT, C				ļ.	B2 Street	Address (	P.O. Box Number is Not Accept	table)	•	
220 KRIDER RD.										
SANFOR	D FL 32773			['	83					
				[	B4 City			F	<b>85</b> Zip	Code
14 0	Table and deliver at Consta	as C17 0500 and 61	7 1500 Florido Statu	too the abou	n named o	oroorotion	submits this statement for the p		<b>-</b>	agistered office
or registers	ed agent, or both, in the lith, and accept the obligat	State of Florida. Such	i change was authori	zed by the co	orporation's	board of	directors. I hereby accept the a	ppointment a	as registered	agent. I am
SIGNATURE _	Signature, typed or printed name of	of registered agent and like if a	application (N	OTE: Registered A	Agent signature	required when	reinstating):	DATE		
		of registered agent and lite if a	<u> </u>	OTE: Registered A	Agent signature	required when	renstating: ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12
12.			<u> </u>			required when			ND DIRECTO	RS IN 12
<b>12</b> .	0	FFICERS AND DIREC	TORS	13.	.E	required when				
12. TILE	PD MERCER, JOHN Y 218 KRIDER ROAD	FFICERS AND DIREC	TORS	13. 1 1 TITI 1.2 NAI	.E	required when				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCER, JOHN Y 218 KRIDER ROAD SANFORD FL	FFICERS AND DIREC	TORS DELETE	13. 1 1 TITI 1.2 NAI 1.3 STF 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP				☐ Change	Addition
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12.  ITTLE  IAME  STREET ADDRESS  DITY-ST-ZIP  TILE  NAME	PD MERCER, JOHN Y 218 KRIDER ROAD SANFORD FL VD YANIK, WANDA	FFICERS AND DIREC	TORS DELETE	13. 1 1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2 1 TITI 2 2 NAI	E ME REET ADDRESS Y-ST-ZIP LE	מע	ADDITIONS/CHANGES TO C	OFFICERS AN	☐ Change	Addition
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12.  STREET ADDRESS OITY-ST-ZIP TILE NAME STREET ADDRESS OITY-ST-ZIP TILE VAME STREET ADDRESS OITY-ST-ZIP	PD MERCER, JOHN Y 218 KRIDER ROAD SANFORD FL VD YANIK, WANDA 222 KRIDER RD. SANFORD, FL 0 STD HUNT, CARROLL FE 220 KRIDER RD SANFORD FL TSD HUNT, CARROLL FE 220 KRIDER RD SANFORD FL TSD HUNT, CARROLL FE 220 KRIDER RD.	FFICERS AND DIRECT	DELETE  DELETE	13. 1 1 1111 1 2 NAI 1 3 STF 1 4 CIT 2 1 TIT 2 2 NAI 2 3 STF 2 4 CI 3 1 TIT 3 2 NA 3 3 STI 3 4 CI 4 1 TIT 4 2 NAI 4 3 STI 4 4 CI 5 1 TIT	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MAE REET ADDRESS Y-ST-ZIP LE MAE	VD SIG 222 SAM	ADDITIONS/CHANGES TO C	OFFICERS AN	Change	Addition Addition Addition
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12.  FITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD MERCER, JOHN Y 218 KRIDER ROAD SANFORD FL VD YANIK, WANDA 222 KRIDER RD. SANFORD, FL 0 STD HUNT, CARROLL FE 220 KRIDER RD SANFORD FL TSD HUNT, CARROLL FE 220 KRIDER RD SANFORD FL TSD HUNT, CARROLL FE 220 KRIDER RD.	FFICERS AND DIRECT	DELETE  DELETE  DELETE  DELETE	13. 1 1 1111 1 2 NAI 1 3 STF 1 4 CIT 2 1 TIT 2 2 NAI 2 3 STF 2 4 CIT 3 1 TIT 3 2 NAI 3 3 STF 3 4 CIT 4 1 TIT 4 2 NAI 4 3 STF 4 4 CIT 5 1 TIT 5 2 NA 5 3 STF 5 4 CIT 6 1 DT 6 2 NAI	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	VD SIG 22: SAM	ADDITIONS/CHANGES TO C	OFFICERS AN	Change Change Change	Addition Addition Addition Addition
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SIGNATURE: \_

TOTALLINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/16 800-638-3378