2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90038 012 ****61.25

DOCUMENT # 736413

1. Entity Name

CASTILLE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
230 KRIDER RD SANFORD FL 32773 US	230 KRIDER RD SANFORD FL 32773-5880 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1734542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUSICK, MARIA 230 KRIDER RD SANFORD FL 32773	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MERCER, JOHN Y		NAME		
STREET ADDRESS	218 KRIDER ROAD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIGLER, MARY		NAME		
STREET ADDRESS	222 KRIDER RD.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 0		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUNT, CARROLL R		NAME		
STREET ADDRESS	220 KRIDER RD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	TSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUNT, CARROLL R		NAME		
STREET ADDRESS	220 KRIDER RD.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARY, SIGLER		NAME		
STREET ADDRESS	222 KRIDER RD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUSICK, MARIA		NAME		
STREET ADDRESS	230 KRIDER RD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 5-8-00 407 322-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #