

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90169 024 ****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
US****ADDRESSES**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1734542

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	MERCER, JOHN Y	218 KRIDER ROAD	SANFORD FL	☐ Delete					☐ Change ☐ Addition
VD	SIGLER, MARY	222 KRIDER RD.	SANFORD, FL 0	☒ Delete					☐ Change ☐ Addition
STD	HUNT, CARROLL R	220 KRIDER RD	SANFORD FL	☐ Delete					☐ Change ☐ Addition
TSD	HUNT, CARROLL R	220 KRIDER RD.	SANFORD FL	☐ Delete					☐ Change ☐ Addition
PD	MARY, SIGLER	222 KRIDER RD	SANFORD FL	☒ Delete					☐ Change ☐ Addition
TS	MUSICK, MARIA	230 KRIDER RD	SANFORD FL	☐ Delete					☐ Change ☐ Addition

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 OF MARIA MUSICK**6/9/01****407-322-0448**