2001 UNIFORM BUSINESS REPORT (UBR)

09-12-2001 90105 035 ****61.25
-736413
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 9:06

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DO NOT WRITE IN THIS SPACE

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

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 _____
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
After September 12, 2001, min. will be $236.25

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

CR2E037 (5/01)

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 9-8-01 407322 0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #