FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740371** **(0)**

1. Corporation Name

CASTLE BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8300 ESTERO BLVD. FT. MYERS BEACH FL 33931	~~8300 ESTERO BLVD.~~ ~~FT. MYERS BEACH FL 33931~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1977
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1784910 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26 P.O. Box 3368	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Bonita Springs, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28 33923 USA	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKRIVAN, ARTHUR 25730 HICKORY BLVD. BONIT SPRINGS FL 33923	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, JOHN, R	12 NAME	
STREET ADDRESS	8300 ESTRO BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	KURZAWSKI, HENRY	22 NAME	
STREET ADDRESS	8300 ESTERO BLVD 204	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	VIOLETTE, JOHN	32 NAME	
STREET ADDRESS	8300 ESTERO BVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	CARLSON, ROBERT	42 NAME	
STREET ADDRESS	8300 ESTERO BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHINOY, ELIZABETH	52 NAME	
STREET ADDRESS	8300 ESTERO BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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: X _____ 4/16/95 813-992-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Violette, V.P.

0040264