

**DOCUMENT # 740371**

1. Entity Name

**CASTLE BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**8300 ESTERO BLVD.  
FT. MYERS BEACH FL 33931**

Mailing Address

**P. O. BOX 3368  
BONITA SPRINGS FL 34133-3368  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1784910**

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

**SKRIVAN, ARTHUR  
25730 HICKORY BLVD.  
BONITA SPRINGS FL 33923**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**BONITA SPRINGS FL 34134**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRENNAN, JOHN, R</b>	
STREET ADDRESS	<b>8300 ESTRO BLVD</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>	

TITLE	<b>BILLY D BROWN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>8300 ESTERO BLVD</b>	
STREET ADDRESS	<b>Ft. Myers Bch, FL</b>	
CITY-ST-ZIP	<b>33931</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KURZAWSKI, HENRY</b>	
STREET ADDRESS	<b>8300 ESTERO BLVD 204</b>	
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>VIOLETTE, JOHN</b>	
STREET ADDRESS	<b>8300 ESTERO BVD.</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CARLSON, ROBERT</b>	
STREET ADDRESS	<b>8300 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ELKINS, HAROLD</b>	
STREET ADDRESS	<b>8300 ESTERO BLVD, #101</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90050 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE