

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
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 59-1784910

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 34134

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 D ☐ Delete  
NAME BROWN, BILLY D  
STREET ADDRESS 8300 ESTRO BLVD  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME KURZAWSKI, HENRY  
STREET ADDRESS 8300 ESTERO BLVD 204  
CITY-ST-ZIP FT MYERS BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME VIOLETTE, JOHN  
STREET ADDRESS 8300 ESTERO BVD.  
CITY-ST-ZIP FT. MYERS BCH. FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME CARLSON, ROBERT  
STREET ADDRESS 8300 ESTERO BLVD  
CITY-ST-ZIP FT MYERS BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ELKINS, HAROLD  
STREET ADDRESS 8300 ESTERO BLVD, #101  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

Henry Kurzawski

3-8-01

941-765-4244

CR2E037 (10/00)