

# 2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SKRIVAN, ARTHUR  
25730 HICKORY BLVD.  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BILLY D	
STREET ADDRESS	8300 ESTRO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KURZAWSKI, HENRY	
STREET ADDRESS	8300 ESTERO BLVD 204	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VIOLETTE, JOHN	
STREET ADDRESS	8300 ESTERO BVD.	
CITY-ST-ZIP	FT. MYERS BCH. FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARLSON, ROBERT	
STREET ADDRESS	8300 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELKINS, HAROLD	
STREET ADDRESS	8300 ESTERO BLVD, #101	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS HANSEN	
STREET ADDRESS	8300 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90054 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1784910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

0085171

CR2E037 (9/01)

3/22/02

Date

Daytime Phone #