

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90060 039 ****61.25

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

04060016



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1784910

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HANSEN, DOUGLAS**
STREET ADDRESS **8300 ESTRO BLVD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **DVP** ☐ 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 **D** ☒ Change ☐ Addition
NAME **HEGSTROM, CHESTER L**
STREET ADDRESS **8300 ESTERO Blvd 102**
CITY-ST-ZIP **Fort Myers Beach, FL 33931**

TITLE **DS** ☐ Delete
NAME **SATTERFIELD, LAURELIE**
STREET ADDRESS **8300 ESTERO BLVD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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:

Henry Kurzawski **HENRY KURZAWSKI, President 4/7/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-892-7761