

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740371

FILED
Jan 29, 2009
Secretary of State

Entity Name: CASTLE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8300 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3368
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 59-1784910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRIVAN, ARTHUR
25730 HICKORY BLVD.
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SKRIVAN, ARTHUR
25730 HICKORY BLVD.#636C
BONITA SPRINGS, FL 34134 US

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:

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BOSSUNG, PAUL
Address: 8300 ESTERO BLVD #202
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DS () Delete
Name: COLLIER, ROBERT
Address: 9014 PINEAPPLE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: HEGSTROM, CHESTER L
Address: 8300 ESTERO BVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DP () Delete
Name: SATTERFIELD, LAURELIE
Address: 8300 ESTERO BLVD., 402
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: TD () Delete
Name: VIOLETTE, GAIL
Address: 8300 ESTERO BLVD, #101
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR SKRIVAN

MGER

01/29/2009

Electronic Signature of Signing Officer or Director

Date