

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741752

FILED
Feb 02, 2012
Secretary of State

Entity Name: CASTLE REEF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4175 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-1860103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, DAVID
4175 SOUTH ATLANTIC AVE
SUITE 115
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: NOLAN, CAROL
Address: 607 MOURNING DOVE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VP
Name: ARMETTA, SAL
Address: 2092 STATE ROAD 848
City-St-Zip: NEW MILFORD, PA 18834

Title: T
Name: ANDREWS, PATRICIA
Address: 4175 SOUTH ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S
Name: HOECHSTENBACH, DON
Address: 1921 MEYER DRURY
City-St-Zip: ARNOLD, MO 63010

Title: D
Name: SEIVERS, JOHN
Address: 2312 ROSEBERRY LANE
City-St-Zip: JOHNSON CITY, TN 37604

I hereby 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 all other like empowered.

SIGNATURE: CAROL NOLAN

P

02/02/2012

Electronic Signature of Signing Officer or Director

_____ Date