

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90033 046 \*\*\*\*61.25

**DOCUMENT # N97000000868**

1. Entity Name  
**CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION,**

Principal Place of Business  
**2043 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

Mailing Address  
**2043 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 7095**  
 Suite, Apt. #, etc.

City & State  
**Daytona Bch Shores**

City & State  
**Daytona Bch Shores**

Zip  
**32116**

Country

4. FEI Number  
**59-3158556**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NERO, JUDITH R  
 2043 S. ATLANTIC AVE  
 DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name  
**DAVID B. Slayback**

Street Address (P.O. Box Number is Not Acceptable)  
**BSR RESORTS MGMT  
 817 State Hwy A1A**

City  
**New Smyrna Beach FL**

Zip Code  
**32169**

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 *David B. Slayback* (NOTE: Registered Agent signature required when reinstating)

DATE **9/13/00**

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	DAVID, PAT	
STREET ADDRESS	2652 HIBISCUS CT	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWIFT, GLENN	
STREET ADDRESS	104 B-FANIN DR	
CITY-ST-ZIP	GOODLETTSVILLE TN 37072	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, JESSE	
STREET ADDRESS	482 HOLLAWAT RD	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swift, Glenn	
STREET ADDRESS	104 B Fanin Drive	
CITY-ST-ZIP	Goodlettsville, FL 37072	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES ROSPAR	
STREET ADDRESS	2940 Holliswood Blvd	
CITY-ST-ZIP	Deltona, FL	
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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (5/00)

attachment # N97000000868  
DW80905

# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000000868

1. Entity Name  
**CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION.**

Principal Place of Business      Mailing Address  
2043 SOUTH ATLANTIC AVENUE      2043 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118      DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      P.O. Box 7095  
Suite, Apt. #, etc.

City & State      City & State  
Daytona Beach Shores  
Zip      Country      Zip      Country  
32116

4. FEI Number      Applied For  
59-3158556      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MERO, JUDITH R**  
2043 S. ATLANTIC AVE  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent  
Name      **DAVID B. Slayback**  
Street Address (P.O. Box Number is Not Acceptable)  
**3312 RESORTS MGMT**  
**817 State Hwy A1A**  
City      **New Smyrna Beach FL**      Zip Code      **32169**

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      *David B. Slayback*      DATE      *9/13/00*  
(NOTE: Registered Agent signature requires when necessary)

FILE NOW: FEE IS \$81.25  
After September 13, 2000 min. will be \$236.25  
9. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DAVID, PAT</b> 2802 HIBISCUS CT DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPO SWIFT, GLENN</b> 104 B-FANN DR GOODLETTSVILLE TN 37072	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MIXON, JESSE</b> 482 HOLLAWAY RD FLORAHOME FL 32140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SWIFT, Glenn</b> 104 B FANN DRIVE GOODLETTSVILLE, FL 37072	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD CHARLES ROSPAR</b> 8940 LOGWOOD BLVD DELTONA, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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:      *Glenn Swift President*      DATE      *9-12-2000*      6158513822