

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90065 013 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000000868

1. Entity Name
CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION,

Principal Place of Business Mailing Address
2043 SOUTH ATLANTIC AVENUE 2043 S. Atlantic
DAYTONA BEACH SHORES FL 32118 DAYTONA BCH SHORES FL 32118

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2043 S. ATLANTIC AVE**
 Suite, Apt. #, etc. **DAYTONA BEACH**
 City & State **SHORES, FLORIDA**

4. FEI Number **59-3158556** Applied For Not Applicable
 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
~~SLAYBACK, DAVID B~~ Name **T. E. (Gene) Sheehan**
~~817 STATE HWY A1A~~ Street Address (P.O. Box Number is Not Acceptable) **2043 S. Atlantic Avenue**
~~NEW SMYRNA BEACH FL 32169~~ **Daytona Beach Shores, FL 32118**
 City **DAYTONA BEACH SHORES FL** Zip Code **32118**

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 *T. E. Sheehan* **T. E. Sheehan** DATE **01/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD SWIFT, GLENN 104-B FANNIN DRIVE GOODLETTSVILLE TN 37072 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sheehan, Marguerite 2043 S. Atlantic Avenue Daytona Beach Shores, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSPAR, CHARLES 2940 LOCKWOOD BLVD DAYTONA BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Butkiewicz, Nanci 2043 S. Atlantic Avenue Daytona Beach Shores, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MIXON, JESSE 482 HOLLAWAT RD FLORAHOME FL 32140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Veliz, Juan 2122 Stratford Dr. Deland, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: *Marguerite Sheehan Has.* **MARGUERITE SHEEHAN PRESIDENT** DATE **01-03-2001**

