

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

0001301

DOCUMENT # N97000000868

1. Entity Name

CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

02-01-2002 90050 037 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3472774	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

SHEEHAN, T. E. GENE
2043 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 SHEEHAN, MARGUERITE	
STREET ADDRESS 2043 S ATLANTIC AVE	
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118	
TITLE ID	<input checked="" type="checkbox"/> Delete
NAME BUTKIEWICZ, NANGI	
STREET ADDRESS 2043 S ATLANTIC AVE	
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME VELIZ, JUAN	
STREET ADDRESS 2122 STRATFORD DR	
CITY-ST-ZIP DELAND FL 32724	
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 VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHEEHAN, T. E. GENE	
STREET ADDRESS 2043 S. ATLANTIC AVENUE	
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	
TITLE TREASURER-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Betty MIXON	
STREET ADDRESS 482 HOLLOWAY Rd P.O.Box 472	
CITY-ST-ZIP FLORHAMONIE, FL. 32140	
TITLE DIRECTOR-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME J. LEE PIERCE	
STREET ADDRESS 639 SELVA LAKES CIR	
CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
TITLE DIRECTOR -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEANNE FERRILL	
STREET ADDRESS 10432 PINEDALE DR.	
CITY-ST-ZIP KNOXVILLE, TN. 37922	
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: *MARGUERITE SHEEHAN* **SIGNATURE PROVIDED** *President* **1-15-2002** **386/2548480**

CR2E037 (9/01)