

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90005 046 \*\*\*\*61.25

**DOCUMENT # N97000000868**  
 1. Entity Name  
**CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**



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

**54000555**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3472774** Applied For Not Applicable

5. Certificate of Status Desired  \$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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida 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	TD	<input checked="" type="checkbox"/> Delete
NAME	BETTY, NIXON	
STREET ADDRESS	482 HOLLWAY RD PO B 472	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, LEE-J	
STREET ADDRESS	689 SELVA LAKES CIRCLE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHEEHAN, GENE T	
STREET ADDRESS	2043 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANIER, NOEL	
STREET ADDRESS	51 WINFRED DR.	
CITY-ST-ZIP	RALEIGH NC 27603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY NIXON	
STREET ADDRESS	2043 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, GENE T.	
STREET ADDRESS	2043 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
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, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CASTAWAYS BEACH RESORT CONDO. ASSN. INC.**  
 1-21-04 302/255-1305  
 Date Daytime Phone #