


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90028 028 ****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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. **SAME**

City & State City & State **SAME**

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

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 **Betty Mixon**

Street Address (P.O. Box Number is Not Acceptable)
2043 S. ATLANTIC AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Betty Mixon* **Betty Mixon** **02-07-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN, MARGUERITE 2043 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXON, BETTY 2043 S ATLANTIC AVE DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, LEE J 689 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEEHAN, GENE T 2043 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, NOEL 51 WINFRED DR. RALEIGH NC 27603 <input checked="" 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	VP Bill Parks 2043 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JAE ALLEN 2043 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Rozzaro 2043 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Change <input checked="" 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 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: *Betty Mixon* **Betty Mixon** **2-7-05** **386-255-1305**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #