


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90012 043 ****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.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3472774 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MIRON, BETTY~~ **William Parks**
2043 SOUTH ATLANTIC AVENUE
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 *William Parks, President* *William Parks* 02-06-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing) 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 Florida Department of State
 Due By May 1, 2006

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PARKS, BILL 2043 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MIRON, BETTY 2043 S ATLANTIC AVE DAYTONA BEACH FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR LINDA WARD 5320 Edgewater Dr Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PERCE, LEE J 689 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR Richard Jessell 6443 W Riverbend Road Dunnellon FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST ALLEN, JAE 2043 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VP ROZZERO, JOHN 2043 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP
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 exemptions contained in Section 119, 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: *William Parks* 02/06-06
Signature and typed or printed name of signing member or director Date Daytime Phone #