### 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736413** 

Entity Name: CASTILLE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 18, 2025
Secretary of State
0851073891CC

## **Current Principal Place of Business:**

323 CIRCLE DRIVE MAITLAND, FL 32751

# **Current Mailing Address:**

323 CIRCLE DRIVE MAITLAND, FL 32751 US

FEI Number: 59-1734542 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 323 CIRCLE DRIVE MAITLAND, FL 32751 US

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: TINA YAMADA 03/18/2025

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title	TREASURER	Title	VP
Name	CLAYPOOL, ANDREW J	Name	EDWARDS, SANDRA
Address	323 CIRCLE DRIVE	Address	323 CIRCLE DRIVE

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title **SECRETARY** Title **PRESIDENT** Name CARTY, OZELLE Name KARGBO, KIMBERLY L Address 323 CIRCLE DRIVE Address 323 CIRCLE DRIVE MAITLAND FL 32751 City-State-Zip: City-State-Zip: MAITLAND FL 32751

Title DIRECTOR Title DIRECTOR

NameFREEMAN, KENNETHNamePAYETTE, JOANNAAddress323 CIRCLE DRIVEAddress323 CIRCLE DRIVECity-State-Zip:MAITLAND FL 32751City-State-Zip:MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY KARGBO PRESIDENT 03/18/2025