

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740371

**Entity Name:** CASTLE BEACH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8300 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931**Current Mailing Address:**P. O. BOX 3368  
BONITA SPRINGS, FL 34133 US**FEI Number:** 59-1784910**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRIVAN, ARTHUR  
25730 HICKORY BLVD.#636C  
BONITA SPRINGS, FL 34134 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DVP
Name	BOSSUNG, PAUL
Address	8300 ESTERO BLVD #202
City-State-Zip:	FORT MYERS BEACH FL 33931

Title	DS
Name	COLLIER, ROBERT
Address	8300 ESTERO BLVD.
City-State-Zip:	FT. MYERS BEACH FL 33931

Title	D
Name	CAMPBELL, TEDF DR.
Address	8300 ESTERO BVD.
City-State-Zip:	FORT MYERS BEACH FL 33931

Title	DP
Name	SATTERFIELD, LAURELIE
Address	8300 ESTERO BLVD., 402
City-State-Zip:	FORT MYERS BEACH FL 33931

Title	TD
Name	VIOLETTE, GAIL
Address	8300 ESTERO BLVD, #101
City-State-Zip:	FORT MYERS BEACH FL 33931

*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:** LAURELIE SATTERFIELD

P

02/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date