

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000868

**Entity Name:** CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 09, 2018**  
**Secretary of State**  
**CC1776010834****Current Principal Place of Business:**2043 S. ATLANTIC AVE.  
DAYTONA BEACH, FL 32118**Current Mailing Address:**BOX 208  
ORMOND BEACH, FL 32174 US**FEI Number: 59-3472774****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOLOMON, STANLEY J.  
49 VILLAGE DRIVE  
ORMOND BEACH, FL 32174 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: STANLEY J. SOLOMON****03/09/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	CAMPANALE, MIKE
Address	2043 SOUTH ATLANTIC AVENUE
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	DIRECTOR
Name	ELLUL, MIKE
Address	2043 SOUTH ATLANTIC AVENUE
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	SECRETARY
Name	SMITH, GARY
Address	854 SUNSET AVENUE
City-State-Zip:	SHEFFIELD LAKE OH

Title	VP
Name	BALAS, TIM
Address	2043 SO. ATLANTIC AVENUE
City-State-Zip:	DAYTONA BEACH SHORES FL 32118

Title	TREASURER
Name	HILDEBRAND, MARY ANN
Address	39 LONGWOOD CT. E
City-State-Zip:	HARLEYSVILLE PA 19438

*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: MIKE CAMPANALE****PRESIDENT****03/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date