

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000868

Entity Name: CASTAWAYS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 15, 2014
Secretary of State
CC4418234532**Current Principal Place of Business:**3511 S PENINSULA DR
PORT ORANGE, FL 32119**Current Mailing Address:**3511 S PENINSULA DR
PORT ORANGE, FL 32119**FEI Number: 59-3472774****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSKAMP, MARK
3511 S PENINSULA DR
PORT ORANGE, FL 32119 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	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	TREASURER
Name	WELLS, MARGARETTA
Address	624 MCKENZIE ROAD
City-State-Zip:	LAKE HELEN FL 32744

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

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****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date