

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726211 (6)**  
 1. Corporation Name  
**CASTLE #12 CONDOMINIUM, INC.**



Principal Place of Business <b>GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313</b>	Mailing Address <b>GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313</b>
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3. Date incorporated or Qualified <b>04/24/1973</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>59-1499153</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**BERKOWITZ, GERSHON  
4751 NW 21ST STREET  
LAUDERHILL FL 33313**

**10. Name and Address of New Registered Agent**

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, GERSHON	
STREET ADDRESS	4751 NW 21ST ST	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, JOSEPH	
STREET ADDRESS	4751 NW 21ST ST	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLD, SY	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P V-P	<input type="checkbox"/> DELETE
NAME	KANTON, ROBERT	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	W P	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, PHILIP	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLACE GARDNER	
STREET ADDRESS	4751 NW 21ST ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

**SIGNATURE:** *Gershon Berkowitz* **Treasurer** 1/21/96 305-739-9389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)