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# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 27 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/04/08--01009--004 \*\*61.25




12042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1499153 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # 726211  
1. Entity Name  
CASTLE #12 CONDOMINIUM, INC.



Principal Place of Business  
4751 NW 21ST ST  
LAUDERHILL, FL 33313

Mailing Address  
CASTLE #12 CONDOMINIUM  
4751 N.W. 21ST STREET  
LAUDERHILL, FL 33313

2. Principal Place of Business - No P.O. Box #  
46 Benchmark Property Mgmt.  
Suite, Apt. #, etc.  
7932 Wiles Road

3. Mailing Address  
46 Benchmark Property Mgmt.  
Suite, Apt. #, etc.  
7932 Wiles Road

City & State  
Coral Springs, FL

City & State  
Coral Springs FL

Zip Country  
33067 USA

Zip Country  
33067 USA

6. Name and Address of Current Registered Agent  
GONZALEZ, PATRICIA  
4751 NW 21ST STREET  
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent  
Name Eugene Roberts  
Street Address (P.O. Box Number is Not Acceptable)  
4751 NW 21 Street #401  
City Lauderhill FL Zip Code 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eugene M. Roberts DATE 12/12/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GONZALEZ, PATRICIA 4751 NW 21ST ST. FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eugene Roberts unit 401 4751 NW 21st street Lauderhill FL. 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BILES, PATRICIA 4751 NW 21ST ST. FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES Francine Bradley unit 514 4751 NW 21st street Lauderhill FL. 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILIPPE, GILLES 4751 NW 21ST ST. LAUDERHILLE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Seymour Dlawsky unit 411 4751 NW 21st street Lauderhill FL. 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT MITCHELL, ELAYNE 4751 NW 21ST ST. FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director</del> Sec. Lillian Anderson unit 212 4751 NW 21st street Lauderhill FL. 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOHIER, JEAN-GUY 4751 NW 21ST ST. LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilles Philippe 4751 NW 21st street unit 305 Lauderhill, FL. 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, ROBERT 4751 NE 21ST. ST. LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gohier, Jean-Guy 4751 NW 21st street unit 216 Lauderhill, FL. 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene M. Roberts DATE 12/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


12/27/07

By 2007

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Name  
Eugene Roberts  
Street Address (P.O. Box Number is Not Acceptable)  
4751 N.W. 21 Street #401  
City  
Lauderhill FL Zip Code  
33313

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BILES, PATRICIA 4751 NW 21ST ST. FORT LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILIPPE, GILLES 4751 NW 21ST ST. LAUDERHILLE, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT MITCHELL, ELAYNE 4751 NW 21ST ST. FORT LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOHIER, JEAN-GUY 4751 NW 21ST ST. LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, ROBERT 4751 NE 21ST. ST. LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eillis Cardinal unit 4751 nw 21st street 616 Lauderhill FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tina Trippia unit 200 4751 nw 21st street Lauderhill FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis Goldberg 4751 nw 21st street unit 501 Lauderhill FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Eugene M. Roberts 12/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #