


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90012 037 \*\*\*\*61.25

**DOCUMENT # 726211**

1. Entity Name  
**CASTLE #12 CONDOMINIUM, INC.**



Principal Place of Business  
**C/O BENCHMARK PROPERTY MGMT.  
 7932 WILES ROAD  
 CORAL SPRINGS, FL 33067**

Mailing Address  
**C/O BENCHMARK PROPERTY MGMT.  
 7932 WILES ROAD  
 CORAL SPRINGS, FL 33067**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40063514



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1499153**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>ROBERTS, EUGENE                      4751 NW 21ST STREET                      LAUDERHILL, FL 33313</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBERTS, EUGENE</b>		NAME <b>Trupia, Tina</b>	
STREET ADDRESS <b>4751 NW 21ST ST. UNIT 401</b>		STREET ADDRESS <b>4751 NW 21 Street #200</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33313</b>		CITY-ST-ZIP <b>FL Lauderdale FL 33313</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRADLEY, FRANCINE</b>		NAME <b>Goldberg, Louis</b>	
STREET ADDRESS <b>4751 NW 21ST ST. UNIT 514</b>		STREET ADDRESS <b>4751 NW. 21 Street # 501</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33313</b>		CITY-ST-ZIP <b>FL Lauderdale FL 33313</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEYMOUR, CLAWSKEY</b>		NAME <b>Cardinal, Gilles</b>	
STREET ADDRESS <b>4751 NW 21ST ST. UNIT 411</b>		STREET ADDRESS <b>4751 NW. 21 Street #614</b>	
CITY-ST-ZIP <b>LAUDERHILLE, FL 33313</b>		CITY-ST-ZIP <b>FL Lauderdale FL 33313</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, LILLIAN</b>		NAME <b>Plawsky, Seymour</b>	
STREET ADDRESS <b>4751 NW 21ST ST. UNIT 212</b>		STREET ADDRESS <b>4751 NW. 21 Street # 411</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33313</b>		CITY-ST-ZIP <b>FL Lauderdale FL 33313</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GILLES, PHILIPPE</b>		NAME	
STREET ADDRESS <b>4751 NW 21ST ST. UNIT 305</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JEAN-GUY, GOHIER</b>		NAME	
STREET ADDRESS <b>4751 NE 21ST. ST. UNIT 216</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP	

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 / **EUGENE M. ROBERTS** 3/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*BOB President*