

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728002 (7)
1. Corporation Name
CASTLE #15 CONDOMINIUM, INC.



Principal Place of Business 4770 NW 21ST STREET LAUDERHILL FL 33313	Mailing Address 4770 NW 21ST STREET LAUDERHILL FL 33313-3564
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3. Date Incorporated or Qualified 11/07/1973	3a. Date of Last Report 06/12/1996
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

4. FEI Number 59-1499152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PEARSON, SADIE M
4770 NW 21ST STREET (1S-211)
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	MANCINI, ELAINE	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 NW 21ST ST LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			
TITLE	D	NAME	NOVAK, MIN	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 NW 21ST STREET LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			
TITLE	D	NAME	BLIVCE, JEANETTE	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 N W 21 ST LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			
TITLE	TD	NAME	PEARSON, SADIE M	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 NW 21ST STREET LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			
TITLE	PD	NAME	STEINER, DEWITT	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 NW 21ST STREET LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			
TITLE	VD	NAME	FELD, SUE	<input type="checkbox"/> DELETE
STREET ADDRESS	4770 NW 21ST STREET LAUDERHILL FL			
CITY-ST-ZIP	LAUDERHILL FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COPLAN, JACKIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director	
1.3 STREET ADDRESS	4770 NW 21 ST LAUDERHILL	
1.4 CITY-ST-ZIP	LAUDERHILL	
2.1 TITLE	ENGLANDER, CATY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director	
2.3 STREET ADDRESS	4770 NW 21 ST LAUDERHILL, FL	
2.4 CITY-ST-ZIP	LAUDERHILL, FL	
3.1 TITLE	RUBENSTEIN, GUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director	
3.3 STREET ADDRESS	4770 NW 21 ST LAUDERHILL, FL	
3.4 CITY-ST-ZIP	LAUDERHILL, FL	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Sadie M. Pearson* SADIE M. PEARSON, TREAS.

CR2E037 (9/96)