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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
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3. Date Incorporated or Qualified 11/07/1973		
4. FEI Number 59-1499152	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 <input type="checkbox"/> DELETE
NAME	MANCINI, ELAINE
STREET ADDRESS	1770 NW 21ST ST
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NOVAK, MIN
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLIVICE, JEANETTE
STREET ADDRESS	4770 N W 21 ST
CITY-ST-ZIP	LAUDERHILL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PEARSON, SADIE M
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	P <input type="checkbox"/> DELETE
NAME	STEINER, DEWITT
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	FELD, SUE
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL

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 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* 4/8/98 (954) 677-9518

CR2E037 (10/97)