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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90122 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728002
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/07/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1499152
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
PEARSON, SADIE M
 4770 NW 21ST STREET (16-211)
 LAUDERHILL FL 33313

10. Name and Address of New Registered Agent
 81 Name **JACLYN ANNE COPLAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
4770 NW 21 ST.
 83 **APT 104**
 84 City **LAUDERHILL FL** 85 Zip Code **33313**

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: *Jaclyn Anne Coplan*
 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	<input type="checkbox"/> DELETE
NAME	D MANCIN, ELAINE
STREET ADDRESS	4770 NW 21ST ST
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	D NOVAK, MIN
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BLVICE, JEANETTE
STREET ADDRESS	4770 N W 21 ST
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	V VICE PRESIDENT
STREET ADDRESS	PEARSON, SADIE M
CITY-ST-ZIP	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	P STEINER, DEWITT
STREET ADDRESS	4770 NW 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP FELD, SUE
STREET ADDRESS	4770 NW 21ST STREET (DECEASED)
CITY-ST-ZIP	LAUDERHILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREAS. JACLYN COPLAN
1.3 STREET ADDRESS	4770 NW 21 ST
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIR. CATHY ENGLANDER
2.3 STREET ADDRESS	4770 NW 21 ST
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIR. RUTH FENSTER
3.3 STREET ADDRESS	4770 NW 21 ST
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIR. SUSSIE RUBENSTEIN
4.3 STREET ADDRESS	4770 NW 21 ST
4.4 CITY-ST-ZIP	LAUDERHILL FL 33313
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIR. GEORGE MORGAN
5.3 STREET ADDRESS	720 NE 28 AVE
5.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
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, with all other like empowered.

SIGNATURE: *SICILIA MORGAN* Proo 1/5/99 954.484.391.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)