

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90017 037 \*\*\*\*61.25

**DOCUMENT # 728002**

1. Entity Name

**CASTLE #15 CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

4770 NW 21ST STREET  
 LAUDERHILL FL 33313

4770 NW 21ST STREET  
 LAUDERHILL FL 33313-3564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1499152**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COPLAN, JACLYN A**  
**4770 NW 21ST STREET (1S-211)**  
**LAUDERHILL FL 33313**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANCIN, ELAINE</b>	
STREET ADDRESS	<b>1770 NW 21ST ST</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NOVAK, MIN</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COPLAN, JACLYN</b>	
STREET ADDRESS	<b>4770 N W 21 ST</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, SADIE M</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEINER, DEWITT</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, GEORGE</b>	
STREET ADDRESS	<b>720 N.E. 28 AVE</b>	
CITY-ST-ZIP	<b>POMPPANO BEACH FL 33062</b>	

TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.P./D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>J.P. Philippe</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>	
TITLE	<b>VP-ASST/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CATHERINE ENGLANDER</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELIAS MCCRAY</b>	
STREET ADDRESS	<b>4770 NW 21ST STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL, FL 33313</b>	
TITLE	<b>PRESIDENT/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

**JACLYN COPLAN, TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

818564

CASTLE #15 CONDOMINIUM, INC.

4770 Northwest 21st Street  
Lauderhill, Florida 33313

ATTACHMENT TO DOCUMENT # 728002  
CASTLE #15 CONDOMINIUM, INC.

Block #11.

~~ADDITION~~

D  
NELLIG NICHOLSON  
4770 NW 21<sup>ST</sup> STREET  
LAUDERHILL, FL 33313

~~ADDITION~~

D  
EMILE CERG  
NELLIG NICHOLSON  
4770 NW 21<sup>ST</sup> STREET  
LAUDERHILL, FL 33313

~~ADDITION~~

D  
GUSSIE RUBENSTEIN  
4770 NW 21<sup>ST</sup> STREET  
LAUDERHILL, FL 33313

Signature: *Julia Anna Copley*  
JULIA ANNA COPLEY