

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91248 003 ****61.25

DOCUMENT # 728002
 1. Entity Name
 CASTLE #15 CONDOMINIUM, INC.



94083398

Principal Place of Business
 4770 NW 21ST STREET
 LAUDERHILL, FL 33313

Mailing Address
 4770 NW 21ST STREET
 LAUDERHILL, FL 33313



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-1499152

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
 MANCINI, ELAINE C
 4770 NW 21ST STREET #114
 LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent
 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 *Elaine C. Mancini, Secretary* DATE *4/28/04*

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

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, ELAINE C	
STREET ADDRESS	4770 NW 21ST ST #114	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ENGLANDER, BATHERINE	
STREET ADDRESS	4770 NW 21ST STREET #202	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GARNETT	
STREET ADDRESS	4770 NW 21 STREET STE 100	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAYLE, MARY	
STREET ADDRESS	4770 NW 21ST ST #311	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAGER, JUDITH	
STREET ADDRESS	4770 NW 21ST STREET #306	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELLIE, NICHOLSON	
STREET ADDRESS	4770 NW 21ST STREET #306	
CITY-ST-ZIP	MIAMI, FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES WILLIAMS	
STREET ADDRESS	4770 N.W. 21 ST ST #406	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK GALLO	
STREET ADDRESS	4770 N.W. 21ST ST # 412	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST WILLIAMS	
STREET ADDRESS	4770 N.W. 21 ST ST #406	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE C. MANCINI	
STREET ADDRESS	4770 N.W. 21 ST ST #114	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN BUFFORD	
STREET ADDRESS	4770 N.W. 21 ST ST #310	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input 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: *Nellie Nicholson President* *Nellie Nicholson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/28/04* Daytime Phone # *954-677-0560*