


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90045 044 ****61.25

DOCUMENT # 728002	
1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1499152

Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANCINI, ELAINE C 4770 NW 21ST STREET #114 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <i>ASST. T. D.</i> WILLIAMS, FRANCES 4770 NW 21ST STREET, #406 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLO, FRANK 4770 NW 21ST STREET, #412 LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ERNEST 4770 NW 21ST STREET, #406 LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>GRA SEDA Roberto D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANCINI, ELAINE C 4770 NW 21ST STREET, #114 LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAGER, JUDITH 4770 NW 21ST STREET #306 LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Pitter Clifford P.D.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELLIE, NICHOLSON <i>T.D.</i> 4770 NW 21ST STREET #306 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Clifford Pitter* 3.15.05 954.497.1920
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CLIFFORD PITTER - PRESIDENT