

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08212007 Chg-NP CR2E037 (12/06)

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		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1499152	
City & State		Applied For Not Applicable	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, FRANCES 4770 NW 21ST STREET, #406 FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109267006 09/12/07--01025--015 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PITTER, CLIFFORD SR 4770 NW 21ST STREET, #412 LAUDERHILL, FL 33313 <input checked="" 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	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	P NELLIE, NICHOLSON 4770 NW 21ST STREET #306 MIAMI, FL 33133 <input checked="" 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 HENRY, SOLOMAN 4770 NW 21ST STREET FORT LAUDERDALE, FL 33313 <input checked="" 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 MCCRAY, ELEASE 4770 NW 21ST ST. FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

Name (Last, First, Middle, Title) GALLO, FRANK
Street Address 4770 NW 21ST STREET,
City, State FORT LAUDERDALE, FL
Zip Code & Country 33313

Name And Address #2

Title VPD
Name (Last, First, Middle, Title) GRIFFIN, RONALD
Street Address 4770 NW 21ST STREET, #412
City, State LAUDERHILL, FL
Zip Code & Country 33313

Name And Address #3

Title TD
Name (Last, First, Middle, Title) MANCINI, ELAINE , C
Street Address 4770 NW 21ST STREET, #114
City, State LAUDERHILL, FL
Zip Code & Country 33313

Name And Address #4

Title P
Name (Last, First, Middle, Title) ETHIER, PIERRE
Street Address 4770 NW 21ST STREET #306
City, State MIAMI, FL
Zip Code & Country 33133

Name And Address #5

Title D
Name (Last, First, Middle, Title) SKOLLAR, STANLEY
Street Address 4770 NW 21ST STREET
City, State FORT LAUDERDALE, FL
Zip Code & Country 33313

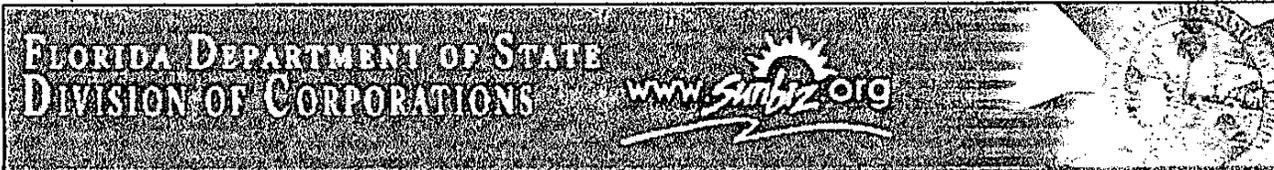
Name And Address #6

Title D
Name (Last, First, Middle, Title) MCCRAY, ELEASE
Street Address 4770 NW 21ST ST.
City, State FORT LAUDERDALE, FL
Zip Code & Country 33313

Title D
Officer/Director Signature STANLEY SKOLLAR



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Document Number 728002
Business Entity Name CASTLE #15 CONDOMINIUM, INC.
FEI Number 591499152
FEI Number Status
Certificate of Status Desired No
Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 4770 NW 21ST STREET
City, State LAUDERHILL, FL
Zip Code & Country 33313

Mailing Address

Address 4770 NW 21ST STREET
City, State LAUDERHILL, FL
Zip Code & Country 33313

Name And Address of Registered Agent

RA Business Name BAKALAR & EICHNER, P.A.
Address 150 SOUTH PINE ISLAND ROAD
Suite, Apt. #, etc. SUITE 540
City, State PLANTATION, FL
Zip Code & Country 33324 US

Officer/Director Name And Address

Name And Address #1

Title D