# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:25

DOCUMENT # 729921 (7)

1. Corporation Name
CASTLE GARDENS EXECUTIVE COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4850 NW 22ND CT.<br>LAUDERHILL FL 33313 | 4850 NW 22ND CT.<br>LAUDERHILL FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1974
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1552348 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DEZURE, A.
4750 NW 22 CT.
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | SIEGEL, HY | 1.2 NAME | |
| STREET ADDRESS | 4751 N.W. 22ND COURT | 1.3 STREET ADDRESS | 4750 N.W. 22 Court |
| CITY-ST-ZIP | LAUDERHILL FL | 1.4 CITY-ST-ZIP | Lauderhill, FL 33313 |
| TITLE | PT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DEZURE, A | 2.2 NAME | |
| STREET ADDRESS | 4750 NW 22 COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | RADIN, SALLY | 3.2 NAME | PP TD XX |
| STREET ADDRESS | 4821 N W 22TH CT | 3.3 STREET ADDRESS | Sally Radin |
| CITY-ST-ZIP | LAUDERHILL FL | 3.4 CITY-ST-ZIP | 4821 NW 22 Court<br>Lauderhill, FL 333313 |
| TITLE | TD | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | FRIEDMAN, PHIL | 4.2 NAME | VD XX |
| STREET ADDRESS | 4751 NW 21 STR | 4.3 STREET ADDRESS | Phil Friedman |
| CITY-ST-ZIP | LAUDERHILL FL | 4.4 CITY-ST-ZIP | 4751 N.W. 21 Street<br>Lauderhill, FL 33313 |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: A. DeZure AL DEZURE, PRES 2/8/95 (305) 733 6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010054