

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90050 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729921**

1. Corporation Name  
**CASTLE GARDENS EXECUTIVE COUNCIL, INC.**

Principal Place of Business 4850 NW 22ND CT. LAUDERHILL FL 33313	Mailing Address 4850 NW 22ND CT. LAUDERHILL FL 33313
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/31/1974</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1552348</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>SIEGEL, HY</b> <b>4750 NW 22 CT.</b> <b>LAUDERHILL FL 33313</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, HY	1.2 NAME	
STREET ADDRESS	4750 NW 22 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, AL	2.2 NAME	
STREET ADDRESS	4851 N.W. 21ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, AUDREY	3.2 NAME	
STREET ADDRESS	4851 NW 21 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBACH, IRENE	4.2 NAME	
STREET ADDRESS	4751 N.W. 21ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/1/99** Daytime Phone #: **(914) 733-6030**

CR2E037 (11/98)