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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 733776 (9)

1. Corporation Name
LA CASTELLANA CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
P O BOX 189013 PLANTATION FL 33318 US	P O BOX 189013 PLANTATION FL 33318 US

3. Date Incorporated or Qualified: 09/08/1975

4. FEI Number: 59-1637837 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

[redacted].
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name: Castle Property Services Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

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: Gail H. Sangunett, Vice President - Administration 3/4/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SOLER, MARTHA	
STREET ADDRESS	13390 NE 7TH AVE #311	
CITY-ST-ZIP	N MIAMI BEACH FL 33161	
TITLE	VD	☐ DELETE
NAME	JOSEPH, ADA	
STREET ADDRESS	13390 NE 7TH AVE #314	
CITY-ST-ZIP	N MIAMI BEACH FL 33161	
TITLE	SD	☐ DELETE
NAME	ISLAM, SHERRY	
STREET ADDRESS	13390 N.E. 7TH AVE. #606	
CITY-ST-ZIP	N. MIAMI BEACH FL 33161	
TITLE	TD	☐ DELETE
NAME	SAWYER, ALTHEA	
STREET ADDRESS	13390 NE 7TH AVE #414	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	☒ DELETE
NAME	MARTINEZ, ALDO	
STREET ADDRESS	13390 NE 7TH AVE #415	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	☐ Change ☒ Addition
5.2 NAME	MILLER, MABEL	
5.3 STREET ADDRESS	13390 NE 7th AVE #408	
5.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Ada Joseph President 3/5/98 (305) 947-7488