

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

7. FILED
 Jul 16 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N46219 (4)
 1. Corporation Name
 CASTLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5445 COLLINS AVENUE, MIAMI BEACH FL 33140
 Mailing Address: P.O. BOX 402807, MIAMI BEACH FL 33140-0807

3. Date Incorporated or Qualified: 11/26/1991
 4. FEI Number: 65-0303316
 Applied For: Not Applicable

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)

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
 RUB, JACK
 5445 COLLINS AVENUE
 MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
 81 Name: JULIO SANCHEZ
 82 Street Address (P.O. Box Number is Not Acceptable): 5445 COLLINS AVENUE
 83: ASSOCIATION OFFICE
 84 City: MIAMI BEACH FL 85 Zip Code: 33140

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: *Julio Sanchez* JULIO SANCHEZ, L.C.A.M., PROPERTY MANAGER 06/30/98
(NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	BERKOWITZ, EMILIO	
STREET ADDRESS	5445 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPT	DELETE
NAME	FERNANDEZ, MIGDALIA	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPT	DELETE
NAME	GONZALEZ, LEOPOLDO	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	DELETE
NAME	PAUL, EDWARD	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	DELETE
NAME	COSTA, ANTONIO	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPT	Change	Addition
2.2 NAME	ANTOINETTE NOBILE		
2.3 STREET ADDRESS	5445 COLLINS AVENUE		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140		
3.1 TITLE	VPS	Change	Addition
3.2 NAME	LEOPOLDO GONZALEZ		
3.3 STREET ADDRESS	5445 COLLINS AVENUE		
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140		
4.1 TITLE	VPVS	Change	Addition
4.2 NAME	EDWARD PAUL		
4.3 STREET ADDRESS	5445 COLLINS AVENUE		
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140		
5.1 TITLE	VPVT	Change	Addition
5.2 NAME	ANTONIO COSTA		
5.3 STREET ADDRESS	5445 COLLINS AVENUE		
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *Julio Sanchez* 06/30/98 305-865-6969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)