

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 OCT -1 PM 1:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N46219

1. Corporation Name

CASTLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 402807  
 MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 402807  
 MIAMI BEACH FL 33140



5/17/99 90094004 \$70.00

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/26/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0303316

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUB, JACK  
 5445 COLLINS AVENUE  
 MIAMI BEACH FL 33140

81 Name

Andy Cuevas

82 Street Address (P.O./Box Number is Not Acceptable)

5445 Collins Ave.

83

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jul 11/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERKOWITZ, EMILIO	
STREET ADDRESS	5445 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NOBILE, ANTOINETTE	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, LEOPOLDO	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPVS	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, EDWARD	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPTS	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, ANTONIO	
STREET ADDRESS	5445 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PD.	
1.2 NAME	Gonzalez, Leopoldo	
1.3 STREET ADDRESS	5445 Collins Ave.	
1.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
2.1 TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Diag, Julio	
2.3 STREET ADDRESS	5445 Collins Ave.	
2.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
3.1 TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mecozzi, Horacio	
3.3 STREET ADDRESS	5445 Collins Ave.	
3.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
4.1 TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Heirera, Gisela	
4.3 STREET ADDRESS	5445 Collins Ave	
4.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Julio Diag 8/3/99 (305)865-6969

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CR2E037 (5/99)

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