

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 046 ****61.25

DOCUMENT # 729921

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1552348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, HY
4750 NW 22 CT.
LAUDERHILL FL 33313

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME SIEGEL, HY
STREET ADDRESS 4750 NW 22 COURT
CITY-ST-ZIP LAUDERHILL FL

TITLE VD ☐ Delete
NAME ALTER, SANDY
STREET ADDRESS 4851 N.W. 21ST STREET
CITY-ST-ZIP LAUDERHILL FL

TITLE T ☒ Delete
NAME HEIMBACH, IRENE
STREET ADDRESS 4751 N.W. 21ST STREET
CITY-ST-ZIP LAUDERHILL FL

TITLE AT ☐ Delete
NAME LYNCH, ELAINE D
STREET ADDRESS 4841 NW 22 STREET
CITY-ST-ZIP LAUDERHILL FL

TITLE SECRETARY ☐ Delete
NAME PAULINE DOMUE
STREET ADDRESS 4750 NW 22 COURT
CITY-ST-ZIP LAUDERHILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidi Heimerl

2/1/06

954-733-6030