

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726211

Entity Name: CASTLE #12 CONDOMINIUM, INC.

Current Principal Place of Business:

C/O BENCHMARK PROPERTY MGMT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067

FILED
Mar 02, 2016
Secretary of State
CC3761561077

Current Mailing Address:

C/O BENCHMARK PROPERTY MGMT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067

FEI Number: 59-1499153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL & BERGER
5297 WEST COPANS ROAD
MARGATE, FL 33063 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ROY, PIERRE
Address 4751 NW 21 STREET #207
City-State-Zip: LAUDERHILL FL 33312

Title P
Name BILES, PATRICIA
Address 4751 NW 21 STREET #618
City-State-Zip: LAUDERHILL FL 33313

Title T
Name KATZ, STEWART
Address 4751 NW 21 STREET #303
City-State-Zip: LAUDERHILL FL 33313

Title D
Name ANDERSON, LILLIAN
Address 4751 NW 21 STREET #212
City-State-Zip: LAUDERHILL FL 33313

Title D
Name PAYNE, LEONARD
Address 4751 NW 21 STREET #312
City-State-Zip: LAUDERHILL FL 33313

Title D
Name CLARK, FLORETTA
Address 4751 NW 21 STREET #100
City-State-Zip: LAUDERHILL FL 33313

Title D
Name CARDINAL, GILLES
Address 4751 NW 21 STREET #616
City-State-Zip: LAUDERHILL FL 33312

Title VP
Name MASSE, CAMILLE
Address 1812 PATRICIA ST.,
K4K1T4
City-State-Zip: ROCKLAND, ONTARIO OC

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA BILES

P

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title S
Name STROM, ARLENE
Address 4751 NW 21 STREET #109
City-State-Zip: LAUDERHILL FL 33312