

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729921

**Entity Name:** CASTLE GARDENS EXECUTIVE COUNCIL, INC.

**Current Principal Place of Business:**

4850 NW 22ND CT.  
LAUDERHILL, FL 33313

**Current Mailing Address:**

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

**FEI Number:** 59-1552348

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL  
1500 W. CYPRESS CREEK ROAD  
SUITE 408  
FORT LAUDERDALE, FL 33309 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            PRESIDENT  
Name            BILES, PATRICIA DRAKE  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            VICE-PRESIDENT  
Name            SHANKMAN, DEVERA  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            TREASURER  
Name            MOORE, MERCY  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            SECRETARY  
Name            WILSON, DARLENE  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            D  
Name            HERMAN, CAROL  
Address        7932 WILES ROAD  
City-State-Zip: CORAL SPRINGS FL 33067

Title            D  
Name            BEACHAMP, JEANNINE  
Address        7932 WILES ROAD  
City-State-Zip: CORAL SPRINGS FL 33067

Title            D  
Name            SIVICO, FRANK  
Address        7932 WILES ROAD  
City-State-Zip: CORAL SPRINGS FL 33067

*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

03/26/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date