

**2016 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:**

4850 NW 22ND CT.  
LAUDERHILL, FL 33313

**FEI Number: 59-1552348**

**Certificate of Status Desired: Yes**

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

KATZMAN GARFINKEL  
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            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            VP OF ENTERTAINMENT  
Name            HAMILTON , JOHN  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            VP OF SECURITY  
Name            FRANKLIN , ROBERT  
Address        4850 NW 22ND CT.  
City-State-Zip: LAUDERHILL FL 33313

Title            VP OF MAINTENANCE  
Name            KATZ, STEWART  
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

*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 D BILES**

**PRESIDENT**

**02/12/2016**

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

\_\_\_\_\_  
Date