


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90058 007 \*\*\*\*61.25

<b>DOCUMENT # 718558</b> 1. Entity Name <b>CASTLE #3 CONDOMINIUM, INC.</b>					
Principal Place of Business <b>4881 N. W. 22ND STREET LAUDERHILL, FL 33313</b>			Mailing Address <b>4881 N. W. 22ND STREET LAUDERHILL, FL 33313</b>		
2. Principal Place of Business - No P.O. Box # <b>40 Benchmark Property Mgmt.</b> Suite, Apt. #, etc. <b>7932 Wiles Road</b>		3. Mailing Address <b>40 Benchmark Property Mgmt.</b> Suite, Apt. #, etc. <b>7932 Wiles Road</b>			
City & State <b>Coast Springs</b>		City & State <b>Coast Springs</b>		4. FEI Number <b>59-1402608</b>	
Zip <b>33067</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KATZMAN &amp; KORR, P.A. 1501 N.W. 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DACOSTA, WINNIFRED</b> <b>4881 N.W. 22ND ST.</b> <b>FORT LAUDERDALE, FL 33313</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <b>Dacosta Winnifred</b> <b>4881 NW 22 Street # A8</b> <b>Lauderhill FL 33313</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RANSOM, HARVEY</b> <b>4881 NW 22ND ST</b> <b>FORT LAUDERDALE, FL 33313</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Fera, claire</b> <b>4881 NW 22 street # B4</b> <b>Lauderhill FL 33313</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GAMARRA, CARMEN</b> <b>4881 NW 22ND ST</b> <b>FORT LAUDERDALE, FL 33313</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. T <b>Murstein, Barbara</b> <b>4881 NW. 22 street # B6</b> <b>Lauderhill FL 33313</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Thompson, Roheana</b> <b>4881 NW 22nd Street # B18</b> <b>Lauderhill FL 33313</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: Winnifred Dacosta</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/15/08 954-730-0663</b> Date Daytime Phone #		