

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720161** (9)  
1. Corporation Name  
**EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC**



Principal Place of Business <b>OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460</b>	Mailing Address <b>OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460-5779</b>
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3. Date Incorporated or Qualified <b>02/01/1971</b>		3a. Date of Last Report <b>07/17/1996</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	
4. FEI Number <b>59-0324326</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BROWN, EDNA G 1410 S FED HWY APT 207 LK WORTH FL 33460</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edna G Brown* *Leah/Trene* **1-8-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUSBAUM, DORIS</b>	1.2 NAME	
STREET ADDRESS	<b>#101 - 1410 S. FEDERAL HIGHWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BESSLER, MARGARETTA</b>	2.2 NAME	
STREET ADDRESS	<b>#202 1410 S FEDERAL HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, EDNA G</b>	3.2 NAME	
STREET ADDRESS	<b>#207 1410 S FEDERAL HWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LK WORTH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELVIK, RUTH</b>	4.2 NAME	
STREET ADDRESS	<b>#205 1410 S. FEDERAL HWY.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MARIE</b>	5.2 NAME	
STREET ADDRESS	<b>#204- 1410 S FEDERAL HIGHWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESJARDINS, MAURICE</b>	6.2 NAME	
STREET ADDRESS	<b>1410 S FEDERAL HWY, #305</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *EDNA G BROWN* *Leah/Trene* **1-8-97** **(561) 585-1632**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038211

CR2E037 (9/96)