


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **720161** (9)

1. Corporation Name

EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC



| | |
|--|--|
| Principal Place of Business OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460 | Mailing Address OF LAKE WORTH INC 1410 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460 |
|--|--|

3. Date Incorporated or Qualified

02/01/1971

4. FEI Number

59-0324326

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, EDNA G
1410 S FED HWY APT 207
LK WORTH FL 33460**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NUSBAUM, DORIS | 1.2 NAME | LUGLI, JEAN |
| STREET ADDRESS | #101 - 1410 S. FEDERAL HIGHWAY | 1.3 STREET ADDRESS | #304 - 1410 S. FEDERAL HIGHWAY |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | LAKE WORTH, FLORIDA-33460 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BESSLER, MARGARETTA | 2.2 NAME | |
| STREET ADDRESS | #202 1410 S FEDERAL HWY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | TS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, EDNA G | 3.2 NAME | |
| STREET ADDRESS | #207 1410 S FEDERAL HWY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LK WORTH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELVIK, RUTH | 4.2 NAME | |
| STREET ADDRESS | #205 1410 S. FEDERAL HWY. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, MARIE | 5.2 NAME | |
| STREET ADDRESS | #204- 1410 S FEDERAL HIGHWAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESJARDINS, MAURICE | 6.2 NAME | |
| STREET ADDRESS | 1410 S FEDERAL HWY, #305 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 6.4 CITY-ST-ZIP | |

14. I 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, Treasurer 1-8-98 (561) 585 1632

CR2E037 (10/97)