

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/5

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90011 040 \*\*\*\*61.25

**DOCUMENT # 720161**

1. Entity Name

**EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC**

Principal Place of Business

Mailing Address

**OF LAKE WORTH INC  
 1410 SOUTH FEDERAL HIGHWAY  
 LAKE WORTH FL 33460**

**OF LAKE WORTH INC  
 1410 SOUTH FEDERAL HIGHWAY  
 LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0324326**

Applied For

Not Applicable

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

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, EDNA G  
 1410 SO FED HWY  
 APT # 207  
 LAKE WORTH FL 33460**

Name

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

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PUENTES, MARCEL<br>1410 S FEDERAL APT 201<br>LAKE WORTH FL          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DESJARDINS, MORRIS<br>1410 S FEDERAL APT 305<br>LAKE WORTH FL 33460 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>NUSBAUM, DORIS<br>1410 S FEDERAL APT 101<br>LAKE WORTH FL 33460     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUGLI, JEAN<br>1410 S FEDERAL APT 304<br>LAKE WORTH FL              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FITZELL, ARTHUR<br>1410 S FEDERAL APT 308<br>LAKE WORTH FL          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEAN, PETER<br>1410 S FEDERAL APT 102<br>LAKE WORTH FL              | <input checked="" type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DENNIS GUINEY<br>1410 S.FEDERAL HWY.-307<br>LAKE WORTH, FL., 33460      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>JOSEPH BENCZE<br>1410 S.FEDERAL HWY.-101<br>LAKE-WORTH, FL., 33460      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PETER DEAN<br>1410 S.FEDERAL HWY.-102<br>LAKE WORTH, FL., 33460         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ARTHUR FITZELL<br>1410 S.FEDERAL HWY.-308<br>LAKE WORTH, FL., 33460     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARGARETTA BESSLER<br>1410 S.FEDERAL HWY.-202<br>LAKE WORTH, FL., 33460 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAURICE DESJARDINS<br>1410 S. FEDERAL HWY. -305<br>LAKE WORTH, FL 33460 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)