


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90230 012 \*\*\*\*61.25

<b>DOCUMENT # 720161</b> 1. Entity Name <b>EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC.</b>					
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</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0324326</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GUINEY, DENNIS 1410 S. FEDERAL HWY SUITE 307 LAKE WORTH FL 33460</b>				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 restate) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GUINEY, DENNIS</b> <b>1410 S FEDERAL HWY 307</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GUINEY, DENNIS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1410 S. FEDERAL HWY Apt 307</b> <b>LAKE WORTH, FL. 33460</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PETER, DEAN</b> <b>1410 S. FEDERAL HWY #102</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCHUELLER, JASON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1410 S. FEDERAL HWY Apt 202</b> <b>LAKE WORTH, FL. 33460</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALLADARES, LAURA</b> <b>14105 FEDERAL HWY APT 304</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIXON, JULEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1410 S. FEDERAL HWY Apt 208</b> <b>LAKE WORTH, FL. 33460</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ODEN, VANCE</b> <b>14105 FEDERAL HWY. APT 305</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. STREETER, LESLIE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1410 S. FEDERAL HWY Apt 309</b> <b>LAKE WORTH, FL. 33460</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMER, JENNIFER</b> <b>2801 WORCHESTER RD.</b> <b>LANTANA FL 33462</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. LACY, JOHN.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1045 JULIA Hgts DR.</b> <b>LANTANA, FL. 33462</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIXON, JULEY</b> <b>1410 S. FEDERAL HWY #208</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. BURKE, JANET</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1410 S. FEDERAL HWY Apt 109</b> <b>LAKE WORTH, FL. 33460</b>		
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	