

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 012 ****61.25

DOCUMENT # 735001

1. Entity Name

THE CASTLE COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MANAGEMENT SERVICE
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1707558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT SERVICES
2189 CLEVELAND ST., STE. 225
CLEARWATER FL 33765-5044

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

NAME	VD	<input checked="" type="checkbox"/> Delete
NAME	KELM, BRUCE	
STREET ADDRESS	4939 FLORAMAR TERR 303	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
NAME	TD	<input checked="" type="checkbox"/> Delete
NAME	MEYRAN, LINDA	
STREET ADDRESS	4939 FLORAMAR TER #306	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
NAME	D	<input checked="" type="checkbox"/> Delete
NAME	BOVENZI, JOSEPH	
STREET ADDRESS	4939 FLORAMAR TERR 504	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
NAME	PD	<input checked="" type="checkbox"/> Delete
NAME	KAY, MICHELLE	
STREET ADDRESS	4939 FLORAMAR TER #501	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
NAME	SD	<input type="checkbox"/> Delete
NAME	BROWN, NANCY L	
STREET ADDRESS	4939 FLORAMAR TERR 901	
CITY ST ZIP	NEW PORT RICHEY FL 34652	
NAME	D	<input type="checkbox"/> Delete
NAME	MAILLOUX, CHRISTINE	
STREET ADDRESS	4989 FLORAMAR TERRACE #501	
CITY ST ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Anderson	
STREET ADDRESS	4939 Floramar Terrace #906	
CITY ST ZIP	New Port Richey FL 34652	
NAME	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Baker	
STREET ADDRESS	4939 Floramar Terrace, #603	
CITY ST ZIP	New Port Richey FL 34652	
NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Buchenski	
STREET ADDRESS	4939 Floramar Terrace, #411	
CITY ST ZIP	New Port Richey FL 34652	
NAME	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4939 Floramar Terrace #411	
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Nancy Brown Pres.

3/12/07

727-840-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #