


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 003 ****61.25

DOCUMENT # 735001 1. Entity Name THE CASTLE COUNCIL, INC.					
Principal Place of Business C/O SEABOARD ARBORS MANAGEMENT SERVICES 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US			Mailing Address C/O SEABOARD ARBORS MANAGEMENT SERVICES 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			
Zip	Country	Zip	Country	4. FEI Number 59-1707558	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, KENNETH		NAME		
STREET ADDRESS	4939 FLORAMAR TER #906		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, JAMES		NAME	Betty Veronea #	
STREET ADDRESS	4939 FLORAMAR TER #603		STREET ADDRESS	4939 Floramar Terrace #403	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSHANSKI, MARK		NAME	Mark Bochenki	
STREET ADDRESS	4939 FLORAMAR TERR #44		STREET ADDRESS	4939 Floramar Terrace #411	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, NANCY L		NAME		
STREET ADDRESS	4939 FLORAMAR TERR 901		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAILLOUX, CHRISTINE		NAME	Wayne Knight	
STREET ADDRESS	4939 FLORAMAR TERR #411		STREET ADDRESS	8075 Kimberly Ct	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Largo FL 33777	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Kenneth M. Anderson</i> 4-17-08 7279193702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					