SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINS TE: \$236.25). **FILED** NONPROFIT FLORIDA DEPARTMEN OF STATE Aug 12 1998 8:00am CORPORATION Sandra B. Mortim ANNUAL REPORT Secretary of Sta Secretary of State DIVISION OF CORPORTIONS **19**98 DOCUMENT # 736413 (6)CASTILLE TOWNHOMES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Malling Address 3. Date Incorporated or Qualified 232 KRIDER RD 232 KRIDER RD SANFORD FL 32773 SANFORD FL 32773 07/20/1976 4. FEI Number Applied For 59-1734542 Not Applicable 2a. Malling Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 230 Krider Rd 230 Krider Rd. Fee Required 21 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 7. Is this nonprofit corporation a homeowners association? City & State City & State 🗤 Yes 🔲 No 23 28 Sanford Florida Sanford, Florida 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Coutry Country Zip 25 Seminole 32773 &minole Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name <u>Maria Musick</u> Street Address (P.O. Box Number is Not Acceptable) HUNT, CAROL A. 82 220 KRIDER RD. 230 Krider Road 83 SANFORD FL 32773 Zip Code 85 84 City Sanford 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the abore-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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0903, Florida Statues. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. 1.1 TILE Change TITLE DELETE NAME **Mer**cer, John Y 1.2 NAJE STREET ADDRESS 218 KRIDER ROAD 1.3 STREET ADDRESS SANFORD FL 1,4 OTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 2.1 TITLE VD. DELETE 2.2 NME NAME SIGLER, MARY 222 KRIDER RD. STREET ADDRESS 2.3 STREET ADDRESS SAMFORD, FL 0 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME NAME HUNT, CARROLL R 220 KRIDER RD 3.3 STREET ADDRESS STREET ADDRESS SANFORD FL 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change Addition TITLE DELETE HUNT, CARROLL R 4.2 NAME NAME 220 KRIDER RD. 4.3 STREET ADDRESS STREET ADDRESS SANFORD FL 4.4 CITY-ST-ZIP CITY-ST-ZIF 5.1 TITLE Addition TITLE PD DELETE MARY, SIGLER 5.2 NAME NAME STREET ADDRESS 222 KRIDER RD 5.3 STREET ADDRESS CITY-ST-ZIP SANFORD FL 5.4 CITY-ST-ZIP 61 TITLE Change Addition TITLE XX DELETE TS MUSICK, VICTORIA 8.2 NAME NAME Maria Musick 6.3 STREET ADDRESS 230 KRIDER RD 230 Krider Rd. STREET ADDRESS INSTRUCTION SANFORD FL

6.4 CITY-ST-ZIP Sanford Florida

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 Right 13 or Right 13 o

or on an attachment with an address

OFFICER OR DIRECTOR

In Block 12 or Block 13 if changed.

SIGNATURE:

(2/38)