## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 04, 2004 8:00 am Secretary of State **DOCUMENT #736413** 1. Entity Name CASTILLE TOWNHOMES CONDOMINIUM ASSOCIATION, 05-04-2004 90147 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 222 KRIDER RD 222 KRIDER RD SANFORD, FL 32773 US SANFORD, FL 32773 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-1734542 City & State City & State Not Applicable Country Ζiρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGLER, MARY A 222 KRIDER RD Street Address (P.O. Box Number is Not Acceptable) SANFORD, FL 32773 City 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 Attent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS President TITLE Delete TITLE Change MERCER, JOHN Y NAME . MAME Dan Jabato 218 KRIDER ROAD STREET ADDRESS STREET ADDRESS 224 KriDER Road, SANFORD, FL 32773 SANFORD, PL 32773 CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE □ Delete TITLE HUNT, CARROLL R NAME 220 KRIDER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SIGLER, MARY ANNE NAME MARKE STREET ADDRESS 222 KRIDER RD STREET ADDRESS SANFORD, FL 32773 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE STD TITLE ☐ Change ☐ Addition SEBATO, ANGELA NAME NAME 224 KRIDER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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.

**FILED**