


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744187** (6)

1. Corporation Name

**THE CASTLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3624 DEL PRADO BLVD. CAPE CORAL FL 33904</b>	Mailing Address <b>3624 DEL PRADO BLVD. CAPE CORAL FL 33904</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/06/1978</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business <b>462 Tudor Drive</b> Suite, Apt. #, etc. <b>Cape Coral, FL</b> City & State Zip <b>33904</b> Country <b>USA</b>	2a. Mailing Address <b>462 Tudor Drive</b> Suite, Apt. #, etc. <b>Cape Coral, FL</b> City & State Zip <b>33904</b> Country <b>USA</b>	4. FEI Number <b>59-2646148</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STRATTON, JOANNE  
462 TUDOR DRIVE  
CAPE CORAL, FL. FL 33904**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-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 by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Joanne Stratton, President*

**8-7-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADLER, SIDNEY</b>	1.2 NAME	<b>George BRONS</b>
STREET ADDRESS	<b>1521 SW 54TH TERRACE</b>	1.3 STREET ADDRESS	<b>434 Tudor APT 2F</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>STRATTON, JOANNE</b>	2.2 NAME	
STREET ADDRESS	<b>462 TUDOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>BARTLETT, HARRIETT</b>	3.2 NAME	
STREET ADDRESS	<b>462 TUDOR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Joanne Stratton*

CR2E037 (4/97)