FILE NOW: FILING FEE IS \$61.25

NON₽ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 744187

THE CASTLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busine
462 TUDOR DR
CAPE CORAL FL 33904

Mailing Address

462 TUDOR DR CAPE CORAL FL 33904

FILED Feb 22, 1999 8:00 am Secretary of State

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US		US		3 (88) 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881	MIT BANKI DIMIK BINJI MINIT BAKAT KADI	
		•				
2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
─ `	ace of Business	⊢ ,		09/06/1978		
Suite, Apt.	# 010	Suite, Apt. #, etc.		4. FEI Number	Applied For	
	#, etc.	27		59-2646148	Not Applicable	
City & State		City & State			- \$8.75 Additional	
23		28		5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29	30	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent	
	•		81 Name	To dough Makey		
STRATTO	MCKOY, JOANNE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
462 TUDOR DRIVE				62 Todon In		
CAPE CORAL, FL. FL 33904				per Court	•	
			84 City		85 Zip Code	
				FL	TL 33904	
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 (JOHN MCPM)						
12.	Signature, types or printed name of registered agent		13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	DELETE	1.1 TITLE		☐ Enange ☐ Addition	
NAME	STRATTON, JOANNE STRATTO	N.	1.2 NAME	JOANNA Mc Koy	•	
STREET ADDRESS	462 TUDOR DRIVE	•	1.3 STREET ADDRESS	Jo ANNA Mc Koy 462 Tudon Dr. Copa Cosol FL		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	Com Coast FL :	33904	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BARTLETT, HARRIETT		2.2 NAME	•		
STREET ADDRESS	462 TUDOR DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904		2, 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	MCKOY, BEN		3.2 NAME	-	1	
STREET ADDRESS	462 TUDOR DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4. CITY-ST-ZIP			
TITLE		☐ DELÉTE	4.1 TITLE		☐ Change ☐ Addition	
NAME	1		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			. 5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 Block 12 or Block 13 if changed or of an attachment with an address, with all other like empowered.

SIGNATURE: