

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747694 (8)
1. Corporation Name
ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
905 N.E. 28TH STREET 905 N.E. 28TH STREET
WILTON MANORS FL 33334 WILTON MANORS FL 33334

3. Date Incorporated or Qualified 06/15/1979 3a. Date of Last Report 06/19/1995
4. FEI Number 59-1926325 Applied For Not Applicable
5. Certificate of Status Desired No ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution No ☐ \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

ACCURSO, MICHAEL
1704 N.E. 16 TERRACE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

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

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

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	PD	11 TITLE	
NAME	ACCURSO, MICHAEL	12 NAME	
STREET ADDRESS	1704 NE 16 TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	RANKIN, EVELYN	22 NAME	
STREET ADDRESS	905 NE 28TH ST #206	23 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	
NAME	BURNS, RONALD A	32 NAME	
STREET ADDRESS	905 NE 28TH ST #204	33 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald A. Burns (RONALD A. BURNS)

1/26/96 205-566-6017
Date Daytime Phone #

CR2E037 (12/95)