

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747694** (8)
1. Corporation Name
ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 905 N.E. 28TH STREET WILTON MANORS FL 33334	Mailing Address 905 N.E. 28TH STREET WILTON MANORS FL 33334-3750
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3. Date Incorporated or Qualified 06/15/1979	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1926325 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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 ANTHONY R. BUMBARCA 82 Street Address (P.O. Box Number Is Not Acceptable) 905 NE 28 STREET 83 # 202 84 City WILTON MANORS FL 85 Zip Code 33334
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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 **ANTHONY R. BUMBARCA** - *Anthony R. Bumbaca* **4/20/97**
Signature, type 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 ACCURSO, MICHAEL 1704 NE 16 TERRACE FT LAUDERDALE FL	1.1 TITLE	P.D. ANTHONY R. BUMBARCA 905 NE 28 STREET # 202 WILTON MANORS - FL - 33334
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD RANKIN, EVELYN 905 NE 28TH ST #206 WILTON MANORS FL	2.1 TITLE	VD LYNN RANKIN 905 NE 28 ST. # 201 WILTON MANORS - FL - 33334
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD BURNS, RONALD A 905 NE 28TH ST #204 WILTON MANORS FL	3.1 TITLE	SD DASHA UROSEVICH 905 NE 28 STREET # 205 WILTON MANORS - FL - 33334
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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: **ANTHONY R. BUMBARCA** - *Anthony R. Bumbaca* **4/20/97** **954-264-4007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0037676**

CR2E037 (9/96)