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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747694

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1926325

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUMBACA, ANTHONY R
905 NE 28 ST
#202
WILTON MANORS FL 33334

81 Name **RONALD A. BURNS**

82 Street Address (P.O. Box Number is Not Acceptable) **# 204**
905 N.E. 28 STREET

83

84 City **WILTON MANORS**

FL

85 Zip Code
33334

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 **RONALD A. BURNS**

Ronald A. Burns

4/14/99

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BUMBACA, ANTHONY R**
STREET ADDRESS **905 NE 28 ST., #202**
CITY-ST-ZIP **WILTON MANORS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BARON, LYNN**
STREET ADDRESS **905 NE 28TH STREET, #201**
CITY-ST-ZIP **WILTON MANORS FL 33334**

2.1 TITLE **P.D.** ☐ Change ☐ Addition
2.2 NAME **BARON, LYNN**
2.3 STREET ADDRESS **905 N.E. 28 ST #201**
2.4 CITY-ST-ZIP **WILTON MANORS - FL-33334**

TITLE **SD** ☐ DELETE
NAME **UROSEVICH, DASHA**
STREET ADDRESS **905 NE 28 ST., #205**
CITY-ST-ZIP **WILTON MANORS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **BURNS, RONALD A**
STREET ADDRESS **905 NE 28TH STREET, #204**
CITY-ST-ZIP **WILTON MANORS FL 33334**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered

SIGNATURE: **RONALD A. BURNS** REQUIRED

Ronald A. Burns 954-566-6017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

Daytime Phone #

CR2E037 (1/98)

0039438