

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 010 ****61.25

DOCUMENT # 747694

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1926325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**BRACE, CHRISTOPHER
905 NE 28 ST
APT 105
WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher R. Brace

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

(NOTE: Registered Agent signature required when reinstating)

3-21-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D, V	<input checked="" type="checkbox"/> Delete
NAME	UROSEVICH, DASHA	
STREET ADDRESS	905 NE 28 ST., #205	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRACE, CHRISTOPHER	
STREET ADDRESS	905 NE 28 ST APT 105	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOGOLA, HEATHER	
STREET ADDRESS	905 NE 28ST APT. 209	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD STARKEY	
STREET ADDRESS	2417 NE 15 AV	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM MOFFATT	
STREET ADDRESS	1745 NE 18 ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON SWART	
STREET ADDRESS	905 NE 28 ST #203	
CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher R. Brace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06

DATE

954-563-3680

DAYTIME PHONE #