


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004228 1. Entity Name SAN CASTLE COMMUNITY LEADERSHIP ORGANIZATION, INC.	
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Principal Place of Business 7139 OVERLOOK ROAD LANTANA, FL 33462	Mailing Address 7139 OVERLOOK ROAD LANTANA, FL 33462
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1018945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMOS, JUANA 7139 OVERLOOK ROAD LANTANA, FL 33462	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000077954
03/08/04-80008-010 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, JUANA 7139 OVERLOOK ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOUNTCASTLE, LINDA 171 PLUM TREE DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, DAN 3871 ORANGE STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUNTCASTLE, DANNY 171 PLUM TREE DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Linda Mountcastle **3/2/04 561-588-2819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #