

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
Secretary of State**

DOCUMENT# N00000004228

Entity Name: SAN CASTLE COMMUNITY LEADERSHIP ORGANIZATION, INC.

Current Principal Place of Business:

7139 OVERLOOK ROAD
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

7139 OVERLOOK ROAD
LANTANA, FL 33462

New Mailing Address:

FEI Number: 65-1018945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, JUANA
7139 OVERLOOK ROAD
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMOS, JUANA
Address: 7139 OVERLOOK ROAD
City-St-Zip: LANTANA, FL 33462

Title: TD () Delete
Name: LEVESQUE, JAN
Address: 450 TULIP TREE DRIVE
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: DUMAS, DAN
Address: 3871 ORANGE STREET
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA RAMOS

D

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date