## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N93000001322 (7)

CASTLE OPPORTUNITIES, INC.

ST. PETERSBURG FL 33716

DUTCHER, WALTON D JR.

ST PETERSBURG FL 33702

1951 72ND AVE N

Principal Place of Business Mailing Address							ADIOI (IENA 1411A 1101A 1101 1561
1130 94TH AVE 8T PETERSBUI		1130 PATH AVE N ST PETERSBURG FL 33702				3. Date Incorporated or Qualified 03/18/1993	
						4. FEI Number 59-3178944	Applied For Not Applicable
2. Principal F 21	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>├──</b> ¬			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	le	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip 29	30 Cou	intry	_	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Cun	rent Registered Agent				<ol><li>Name and Address of New Registere</li></ol>	d Agent
COOK, MICHAEL L 1130 94TH AVE N ST PETERSBURG FL 33702				83	Street Addre	ass (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or agent. I s						pration submits this statement for the purpose on's board of directors. I hereby accept the ap	L
12.	Signature, typed or printed name of registered	agent and title if applicable. (P AND DIRECTORS	NOTE: Registered	Agent	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D	DELETE	1.1 10	n F	<del></del>	ADDITIONS OF AN AREA TO OFFICENS AF	Change Addition
NAME	COOK, MICHAEL L		1.2 NA				C Comite D Design
STREET ADDRESS CITY-ST-ZIP	1130 94TH AVE N ST PETERSBURG FL 33702	2	1	REET AD	1		
TITLE	D	☐ DELETE	2.1 TIT	ILE			☐ Change ☐ Addition
NAME STREET ADDRESS	WRIGHT, WILLIAM   10460 BOOSEVELT BLVD	4050	2.2 NA	ME OCCT 40			

CITY-ST-ZIP 14. Thereby 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.

2. 4 CITY-ST-ZIP

3.3 STREET ADORESS

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

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DELETE

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**FILED** 

May 06 1998 8:00am

Secretary of State

(813) 577-065

Change

☐ Change

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Change

Addition

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Addition

Addition