## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000100656**1. Corporation Name

CASTLE HOMES OF SOUTHWEST FLORIDA INC.

						_	
Principal Place of Business Mailing Address							
ESSEX NORTH	NO. 101		KNAUERHASE				
801 SOUTH COLLIER BLVD 175 SOCIETY COURT							DO NOT WRITE IN THIS SPACE
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145							3. Date Incorporated or Qualifed
							11/25/1997
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
			•			98-0180919 Not Applicable	
			ite, Apt. #, etc.	pt. #, etc.			\$8.75 Additional
22 27							5. Certificate of Status Desired Fee Required
			ty & State	State			6. Election Campaign Financing \$5.00 May Be
23 28				ما میشید به ایا میشمیسی. به			Trust Fund Contribution Added to Fees
Zip	Country Zip			Cour	ntry		8. This corporation owes the current year Intangible
24			30			Personal Property Tax.	
	9. Name and Address of Curi		d Agent	11			10. Name and Address of New Registered Agent
		<del>x</del>			81	Name	
KNAUERHASE, GEROLD					82	C4 1 A	Address (P.O. Box Number is Not Acceptable)
175 SOCIETY COURT					82	Street	Address (P.O. Box Number is Not Acceptable)
MAR	RCO ISLAND FL 34145			ŀ	83		
				ļ			
				ļ	84	City	FL 85 Zip Code
agent. I a SIGNATURE	im familiar with, and accept the obline in the second seco	gations of, Se	ction 607.0505, F10	Registered	ites.		poration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		□ DELETE	1.1 TIT	l.E		· Change
NAME	GEIGER, GEORG			1.2 NA	ME	ļ	
STREET ADDRESS				1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	87493 HEISING-STIELING GI	R		1,4 CII	Y-S	T-ZIP	
TITLE			□ DELETE	2.1 TiT	ŀΕ		☐ Change ☐ Addition
NAME				2.2 NA	ME		
STREET ADDRESS				2.3 ST	REET	ADDRESS	s
CITY-ST-ZIP				2.4 CI	TY-S	T-ZIP	
-TITLE			,DELETE_	3.1 TII	ſLΕ		Change Addition
NAME	1			3.2 NA	ME	J	
STREET ADDRESS				33 ST	REET	TADDRESS	s  · · ·
CITY-ST-ZIP				3.4. CI	TY-\$	ST-ZIP	
TITLE			☐ DELETE	4.1 TIT	LE		_ Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	TADDRESS	
City-ST-ZIP	Į.			4.4 CT	ry-s	T-ZIP	
TITLE			DELETE	5.1 TI	LE		☐ Change ☐ Addition
NAME	,			5.2 NA	ME	-	
STREET ADDRESS				5.3 ST	REET	TADORESS	
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP	
TITLE			☐ DELETE	6.1 TI	īΕ		☐ Change ☐ Addition
NAME	1			6.2 N	ME		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an agrees, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90072 027 \*\*\*150.00

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