

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051182

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: CASTLE BEACH CLUB REALTY, INC.

## Current Principal Place of Business:

5445 COLLINS AVE.  
SUITE CV10  
MIAMI, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

5445 COLLINS AVE.  
SUITE CV10  
MIAMI, FL 33140

## New Mailing Address:

1861 S.W. 19 STREET  
MIAMI, FL 33145

FEI Number: 65-0959964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, LEOPOLDO  
5445 COLLINS AVE  
STE CO-10  
MIAMI BEACH, FL 33140 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ, LEOPOLDO  
Address: 5445 COLLINS AVE UNIT CU10  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SVP ( ) Delete  
Name: BERKOWITZ, EMILIO  
Address: 1861 S.W. 19TH STREET  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO BERKOWITZ

SVP

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date