


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 033 ****61.25

DOCUMENT # 728197 1. Entity Name CASTLE #16 CONDOMINIUM, INC.	
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Principal Place of Business 4740 NW 21ST STREET LAUDERHILL FL 33313	Mailing Address 4740 NW 21ST STREET LAUDERHILL FL 33313
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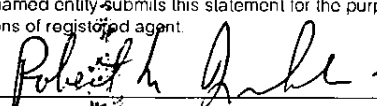
1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1499151	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 FRANKLIN, ROBERT 4740 NW 21ST STREET LAUDERHILL FL 33313	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE XXX D NAME OLIVAS, LINO STREET ADDRESS 4740 NW 21ST STREET CITY- ST- ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE D NAME BROWN, CALVIN STREET ADDRESS 4740 NW 21ST STREET CITY- ST- ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE XXX VP NAME STROZIER, GREG STREET ADDRESS 4740 NW 21ST STREET CITY- ST- ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE D NAME MACCAGLI, CHRISTINE STREET ADDRESS 4740 NW 21ST STREET CITY- ST- ZIP LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete
TITLE D NAME SAVALL, SONIA STREET ADDRESS 4740 NW 21ST STREET CITY- ST- ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE T NAME KALINSKY, JEANNE STREET ADDRESS 4740 NW 21 ST CITY- ST- ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DEC NAME BAKER, TONY STREET ADDRESS 4740 NW 21st St CITY- ST- ZIP Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GAGNON, CHARLES STREET ADDRESS 4740 NW 21st St CITY- ST- ZIP Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  2/14/07 914 735-9556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #