


**2003 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 046 ****61.25

DOCUMENT # 728197					
1. Entity Name CASTLE #16 CONDOMINIUM, INC.					
Principal Place of Business 4740 NW 21ST STREET LAUDERHILL FL 33313			Mailing Address 4740 NW 21ST STREET LAUDERHILL FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1499151	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKLIN, ROBERT (P) 4740 NW 21ST STREET LAUDERHILL FL 33313			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature req. used when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVAS, LINO		NAME	CHARLES GAGNON	
STREET ADDRESS	4740 NW 21ST STREET		STREET ADDRESS	4740 NW 21st St	
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP	Lauderhill FL 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, CALVIN		NAME	CAROL HERMAN	
STREET ADDRESS	4740 NW 21ST STREET		STREET ADDRESS	4740 NW 21st St	
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROZIER, GREG		NAME		
STREET ADDRESS	4740 NW 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TONY		NAME		
STREET ADDRESS	4740 NW 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVALL, SONIE		NAME		
STREET ADDRESS	4740 NW 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALINSKY, JEANNE		NAME		
STREET ADDRESS	4740 NW 21 ST		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

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: Robert A. Franklin ROBERT FRANKLIN Feb 2008