

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46219

FILED
May 01, 2007
Secretary of State

Entity Name: CASTLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5445 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT
14275 SW 142AVE
MIAMI, FL 33186

New Mailing Address:

C/O AMPREX PROPERTY MANAGEMENT
10250 SW 56 ST # C-102
MIAMI, FL 33165

FEI Number: 65-0303316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH
1 SE 3RD AVE. #1820
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, JUAN C
Address: 5445 COLLINS AVE. #1132
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: PURRINOS, SERGIO
Address: 5445 COLLINS AVE. #1104
City-St-Zip: MIAMI BEACH, FL 33140

Title: 2V () Delete
Name: LEAL, ANGEL
Address: 5445 COLLINS AVE #730
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: SUARE-RIOS, MARGARITA
Address: 5445 COLLINS AVE #1129
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: BERMAN, ROBERT
Address: 5445 COLLINS AVE #BTH5
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMORES, CARIDAD
Address: 5445 COLLINS AVE. # TH10
City-St-Zip: MIAMI BEACH, FL 33140

Title: 1VP (X) Change () Addition
Name: MENDEZ, MIKE
Address: 5445 COLLINS AVE. #TH11
City-St-Zip: MIAMI BEACH, FL 33140

Title: 2V (X) Change () Addition
Name: RODRIGUEZ, ARMANDO
Address: 2204 SW 131 AVE
City-St-Zip: MIRAMAR, FL 33027 26

Title: S (X) Change () Addition
Name: BERKOWITZ, EMILIO
Address: 1861 SW 19 ST
City-St-Zip: MIAMI, FL 33145

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

SIGNATURE: CARLOS DIAZ-SAMPOL

CAM

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date