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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717727

1. Corporation Name
ALGIBB CASTLE ASSOCIATION, INC.

Principal Place of Business
% ADOLPH CASTAGNA
3807 NE 168 ST.
NORTH MIAMI BEACH FL 33160
US

Mailing Address
% ADOLPH CASTAGNA
3807 NE 168 ST.
NORTH MIAMI BEACH FL 33160
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/15/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0354557	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Election Campaign Financing		6. Election Campaign Financing		5.00 May Be Added to Fees	
Trust Fund Contribution		Trust Fund Contribution			

9. Name and Address of Current Registered Agent

CASTAGNA, ADOLPH J.
3807 N.E. 168TH STREET
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	
NAME	CASTAGNA, ADOLPH J.	1.2 NAME	
STREET ADDRESS	3807 NE 168TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEAC FL 33160	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	JOHNSTON, FRANCIS E.	2.2 NAME	
STREET ADDRESS	3807 NE 168TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEAC FL 33160	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	CASTAGNA, MARIE N	3.2 NAME	
STREET ADDRESS	3807 NE 168TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie N. Castagna
MARIE N. CASTAGNA 305-949-9522

Date

Daytime Phone #

CR2E037 (11/98)