


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 007 ****61.25

DOCUMENT # 717727					
1. Entity 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 <i>3807 NE 168 ST APT 1</i>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>1</i>		
City & State			City & State <i>NMBH FL DADE</i>		
Zip	Country	Zip	Country	4. FEI Number 65-0354557	
<i>33160</i>	<i>USA</i>	<i>33160</i>	<i>USA</i>	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	
CASTAGNA, ADOLPH J. 3807 N.E. 168TH STREET NORTH MIAMI BEACH, FL 33160				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	DV			TITLE	
NAME	CASTAGNA, ADOLPH J.	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3807 NE 168TH STREET			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, FRANCIS E.			NAME	
STREET ADDRESS	3807 NE 168TH STREET			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNA, MARIE N			NAME	
STREET ADDRESS	3807 NE 168TH STREET			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 33160			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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: <i>Adolph Castagna</i>				Date: <i>7/7/05</i> Daytime Phone #: <i>305 9499522</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					