2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #717727** 01-18-2007 90101 012 ****70.00 ALGIBB CASTLE ASSOCIATION, INC. Principal Place of Business Mailing Address % ABOLPH CASTABNA FRANCIS JOHNSIDNBBOT NE 168 ST RUUUSOOJ APTT APT 3 NORTH MIAMI BEACH, FL 33160 3807 NE 168 ST. NORTH MIAMI BEACH, FL 33160 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 65-0354557 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTON, FRANCIS L Street Address (P.O. Box Number is Not Acceptable) 3507 N.E. 16870 STREET CASTAGNA, ADOŁPH J. NORTH MIAMI BEACH, FL 33160 DE USAS ED Zin Code 33/6 0 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DV TITLE Delete TITLE Addition NAME CASTAGNA, ADOLPH J NAME JOHNSTON, FRANCIS L, N. MAMI BEACH, FL 33/60 STREET ADDRESS 3807 NE 168TH STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEAC, FL 33160 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition JUHNSTON, LINUA JOHNSTON, FRANCIS E. NAME NAME 3807 N.S. 168 STREET #2 STREET ADDRESS 3807 NE 168TH STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEAC, FL 33160 CITY-ST-ZIP Nimiami BEACH FL 33160 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASTAGNA, MARIE N STREET ADDRESS 3807 NE 168TH STREET STREET ADDRESS N MIAMI BCH., FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/07

FILED

Jan 18, 2007 8:00 am

305-940 to00