2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717727

FILED Apr 20, 2009 Secretary of State

Entity Name: ALGIBB CASTLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

FRANCIS JOHNSTON 3807 NE 168 ST.

NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

3807 NE 168 ST

APT 2

NORTH MIAMI BEACH, FL 33160 US

FEI Number: 65-0354557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSTON, FRANCIS L 3807 N.E. 168TH STREET APT 2

NORTH MIAMI BEACH, FL 33160 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

 Title:
 DP
 () Delete
 Title:

 Name:
 CASTAGNA, MARIE N
 Name:

 Address:
 3807 NE 168TH STREET
 Address:

 City-St-Zip:
 N MIAMI BCH., FL 33160
 City-St-Zip:

 Title:
 PV
 () Delete

 Name:
 JOHNSTON, FRANCIS L

 Address:
 3807 N.E. 168 STREET #2

City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D (X) Delete
Name: JOHNSTON, LINDA

Address: 3807 N.E. 168 STREET #2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP (X) Change () Addition

JOHNSTON, FRANCIS L MR

N MIAMI BCH., FL 33160

3807 NE 168TH STREET, APT 2

Name: JOHNSTON, LINDA MRS
Address: 3807 N.E. 168 STREET #2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: FRANCIS L. JOHNSTON MR 04/20/2009