## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003543

FILED Jan 28, 2009 Secretary of State

Entity Name: CASTLE INDUSTRIAL PARK II ASSOCIATION INC.

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

12300 SW 130 STREET MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13621 DEERING BAY DRIVE UNIT 1403 CORAL GABLES, FL 33158

FEI Number: 20-4615663 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:

RODRIGUEZ FIGUEROA, MARIA L 11405 S W 113 TERRACE MIAMI, FL 33176 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:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BOWERS, DEE
 Name:
 BOWERS, DOLORES (DEE) T

 Address:
 13621 DEERING BAY DRIVE, #1403
 Address:
 13621 DEERING BAY DRIVE, #1403

 City-St-Zip:
 CORAL GABLES, FL 33158
 City-St-Zip:
 CORAL GABLES, FL 33158

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: FERNANDEZ, ADA Name: FERNANDEZ, ADA

Address: 12300 SW 130 STREET Address: 12300 SW 130 STREET, BAY 8

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FERNANDEZ, CARLOS
 Name:

 Address:
 12300 SW 130 STREET, BAY 8
 Address:

 City-St-Zir:
 MIAMILEI 33186
 City-St-Zir

City-St-Zip: MIAMI, FL 33186 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: FIGUEROA, MARIA R Name: RODRIGUEZ FIGUEROA, MARIA L Address: 12300 SW 130 STREET Address: 11405 SW 113 TERRACE

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33176

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: DOLORES (DEE) T. BOWERS P 01/28/2009