

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N26622 (3)
1. Corporation Name
VILLAS AT MALIBU HOMEOWNERS ASSOCIATION, INC.

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|--|--|
| Principal Place of Business 11545 OLD OCEAN BLVD. UNIT G OCEAN RIDGE FL 33435 US | Mailing Address 11545 OLD OCEAN BLVD. UNIT G OCEAN RIDGE FL 33425 US |
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|---|--|
| 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

| | | |
|--|--|---|
| 3. Date Incorporated or Qualified 05/25/1988 | 4. FEI Number 65-0161810 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**KANOUSE, KEITH J. PA
2424 N FEDERAL HWY
STE 353
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name **Thomas J. Ansbro, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable)
Brinkley, McNerney
83 **1000 South Federal Highway, Suite 212**
84 City **Deerfield Beach** **FL** 85 Zip Code **33441**

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 **Thomas J. Ansbro**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PARTHEMORE, JACKIE | |
| STREET ADDRESS | 11545 OLD OCEAN BLVD. | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VINCI, RINA | |
| STREET ADDRESS | 11545 OLD OCEAN BLVD. | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | VPTD | <input type="checkbox"/> DELETE |
| NAME | MONROE, PATSY | |
| STREET ADDRESS | 11545 OLD OCEAN BLVD | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

SIGNATURE: **Jackie Partemore**

2/19/98 (561) 372-0001

CP2E037 (10/97)