

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION, ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S66801 (9)**

1. Corporation Name  
**MALIBU POINTE AT SILVER LAKES ASSOCIATES, INC.**



Principal Place of Business: **910 NW 179TH AVE. PEMBROKE PINES FL 33029 US**  
Mailing Address: **910 NW 179TH AVE. PEMBROKE PINES FL 33029 US**

3. Date Incorporated or Qualified: **07/17/1991**  
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business: **21 1240 S.W. 177 Terrace**  
Suite, Apt. #, etc.:  
City & State: **23 Pembroke Pines, FL**  
Zip: **24 33029** Country: **25 USA**  
2a. Mailing Address: **26 1240 S.W. 177 Terrace**  
Suite, Apt. #, etc.:  
City & State: **27 Pembroke Pines, FL**  
Zip: **29 33029** Country: **30 USA**

4. FEI Number: **65-0293603**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **SAVAGE, CRAIG D. 801 N.E. 167TH ST. SUITE 302A N. MIAMI BEACH FL 33162**  
10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (DATE: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKERMAN, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>910 NW 179TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKERMAN, ANDREW</b>	2.2 NAME	
STREET ADDRESS	<b>910 NW 179TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>910 NW 179TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELS, JONATHAN</b>	4.2 NAME	
STREET ADDRESS	<b>16855 N.E. 2ND AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>800001860038</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-06/12/96--01059-030</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information submitted in this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee or trustor of the trust of which the corporation is a beneficiary; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: **Steven Zuckerman** (DATE: **4/29/96**)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone: **(954)437-1213**)

CR2E034 (12/95)