

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90075 019 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26622**

1. Corporation Name

**VILLAS AT MALIBU HOMEOWNERS ASSOCIATION, INC.**

37209T - 90029 - 18

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/25/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0161810	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 ANSBRO, THOMAS J ESQ  
 BRINKLEY, MCNERNEY  
 1000 SOUTH FEDERAL HWY, STE 212  
 DEERFIELD BEACH FL 33441

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	President/Secretary/Director
NAME	PARTHEMORE, JACKIE	1.2 NAME	Julio Martinez
STREET ADDRESS	11545 OLD OCEAN BLVD.	1.3 STREET ADDRESS	11545 Old Ocean Blvd., Unit G
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE	PD	2.1 TITLE	Vice President/Director
NAME	VINCI, RINA	2.2 NAME	Wayne Dollard
STREET ADDRESS	11545 OLD OCEAN BLVD.	2.3 STREET ADDRESS	11545 Old Ocean Blvd., Unit G
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE	VPTD	3.1 TITLE	Treasurer/Director
NAME	MONROE, PATSY	3.2 NAME	David Salvador
STREET ADDRESS	11545 OLD OCEAN BLVD	3.3 STREET ADDRESS	11545 Old Ocean Blvd., Unit G
CITY-ST-ZIP	OCEAN RIDGE FL	3.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

 SIGNATURE REQUIRED  
 Julio Martinez, President

2/11/99 (561) 279-4617

CR2E037 (11/98)