

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90396 017 ****61.25

14010004



DOCUMENT # 722391
 1. Entity Name
MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1920 S. OCEAN DRIVE
 HALLANDALE, FL 33009

Mailing Address
 1920 S. OCEAN DRIVE
 HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1429262

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
1111 STIRLING ROAD
FT. LAUDERDALE, FL 33312-6525

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERSKOWITZ, LEON 1912 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	BRAUN, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1912 S. OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLESINGER, ARON 1920 S OCEAN DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	elyakim, simon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1912 SOUTH OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBONI, JACQUES 1912 S OCEAN DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MIKE OLIEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1912 S. OCEAN DRIVE HALLANDALE, FL ##)))
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPUKH, VALERIAN 1912 S OCEAN BLVD. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELINCK, PHIL 1912 S OCEAN DR HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARON SCHLESINGER 4/27/05 954-454-2979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #