


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 023 ****61.25

| | | | | | |
|--|------------------------|--|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1429262 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CANTOR, JERALD C 4000 HOLLYWOOD BLVD. SUITE 375 SOUTH HOLLYWOOD, FL 33021 | | | | 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, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUN, ROBERT | | NAME | Goldstein, Alice | |
| STREET ADDRESS | 1912 SOUTH OCEAN DRIVE | | STREET ADDRESS | 1912 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHLESINGER, ARON | | NAME | DAVIS, Barbara | |
| STREET ADDRESS | 1920 S OCEAN DRIVE | | STREET ADDRESS | 1920 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIBONI, JACQUES | | NAME | DIMITRI, Michelle | |
| STREET ADDRESS | 1912 S OCEAN DRIVE | Change title | STREET ADDRESS | 1912 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMINOV, STEVE | | NAME | Pollack, Joel | |
| STREET ADDRESS | 1912 S OCEAN BLVD. | | STREET ADDRESS | 1912 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUN, ROBERT | | NAME | Cohen, Lawrence | |
| STREET ADDRESS | 1912 S OCEAN DR | | STREET ADDRESS | 1920 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AZERRAF, PROSPER | | NAME | Kugler, Gordon | |
| STREET ADDRESS | 1920 S OCEAN DR | | STREET ADDRESS | 1912 S. Ocean Dr. | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jacques Siboni</i> | | | SECRETARY | | Date: 954-454-2977 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |