

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90026 026 \*\*\*\*61.25

<b>DOCUMENT # 744464</b> 1. Entity Name <b>MALAGA TERRACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1316 SE 46TH ST CAPE CORAL, FL 33904			Mailing Address 1316 SE 46TH ST CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1891764</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HANSEN, JAMES R</b> <b>1316 SE 46TH ST.</b> <b>CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>NEAR, ROBERT E</del> <b>JOAN FENERTY</b>		NAME	<b>1322 SE 46TH ST. A2</b>	
STREET ADDRESS	<b>1322 SE 46TH ST, #A-6</b>		STREET ADDRESS	<b>CAPE CORAL, FL 33904</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELUCA, GAETAENO</b>		NAME		
STREET ADDRESS	<b>1316 SE 46TH ST, B-1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSEN, JAMES R.</b>		NAME		
STREET ADDRESS	<b>1316 SE 46TH ST #B-6</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLANK, JOSEPH</b>		NAME		
STREET ADDRESS	<b>1316 SE 46TH ST B2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENDITTI, AUGUST</b>		NAME		
STREET ADDRESS	<b>1310 SE 46TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: James R Hansen</b> <b>JAMES R HANSEN</b> <b>7-5-06</b> <b>239-549-4068</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					