


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90033 049 \*\*\*\*61.25

<b>DOCUMENT # 744464</b> 1. Entity Name <b>MALAGA TERRACE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1316 SE 46TH ST CAPE CORAL FL 33904</b>	Mailing Address <b>1316 SE 46TH ST CAPE CORAL FL 33904</b>
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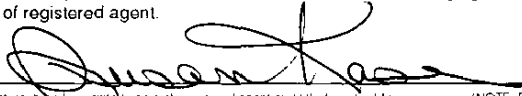


2. Principal Place of Business - No P.O. Box # <b>% American Condo Mgmt</b> Suite, Apt. #, etc. <b>POB 100399</b> City & State <b>CAPE CORAL, FL</b> Zip <b>33910</b> Country	3. Mailing Address <b>% American Condo Mgmt</b> Suite, Apt. #, etc. <b>POB 100399</b> City & State <b>CAPE CORAL, FL</b> Zip <b>33910</b> Country
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1891764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HANSEN, JAMES R 1316 SE 46TH ST. CAPE CORAL FL 33904</b>	7. Name and Address of New Registered Agent Name <b>Susan Kase, CAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>% American Condo</b> <b>615 Cape Coral Pkwy W, #103</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>

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  **Susan Kase** 4/18/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELUCA, GAETAENO 1316 SE 46TH ST, B-1 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELUCA, GAETAENO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HANSEN, JAMES R. 1316 SE 46TH ST #B-6 CAPE CORAL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIT HANSEN, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLANK, JOSEPH 1316 SE 46TH ST B2 CAPE CORAL FL 33904 <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 VENDITTI, AUGUST 1310 SE 46TH ST. CAPE CORAL FL 33904 <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	T FENERTY, JOANN 1322 SE 46TH ST A-2 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLINE, GARY 1316 SE 46TH ST, # B7 CAPE CORAL, FL 3304 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 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:  **GARY KLINE, Pres.** 4/23/07 542-4464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #