

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01771

FILED
Jan 17, 2008
Secretary of State

Entity Name: MALIBU VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3125 CORAL RIDGE DRIVE
CORAL SPGS., FL 33065

New Principal Place of Business:

Current Mailing Address:

324 NW 105 TERR
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 59-2829089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUKOWSKI, DANIEL C.
324 NW 105 TERR
CORAL SPGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZUKOWSKI, DANIEL C.,
Address: 324 NW 105 TER
City-St-Zip: CORAL SPGS, FL

Title: VPD () Delete
Name: MOSSIE, STEVE
Address: 3113 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: DANIEL C. ZUKOWSKI,
Address: 324 NW 105 TERR
City-St-Zip: CORAL SPRINGS, FL

Title: SD () Delete
Name: HAIR, AJITHA
Address: 3111 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SHUFFLEBARGER, TOM
Address: 3121 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. ZUKOWSKI

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date