


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002813 1. Entity Name MALABAR LAKES WEST HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business
**331 ALLISON DR
PALM BAY, FL 32908**

Mailing Address
**PO BOX 110428
PALM BAY, FL 32908**



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3460114	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, MICHAEL
331 ALLISON DR
PALM BAY, FL 32908**

**DO NOT WRITE
IN THIS SPACE**

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 **1-18-05**
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MICHAEL 331 ALLISON DR PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, DEEDEE 330 ALLISON DR PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTWOOD, STEVEN 341 ALLISON DR PALM BAY, FL 32908
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01/24/05-80100-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE: Steven Portwood 1-18-05 321-984-853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #