2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 24, 2012 DOCUMENT# N03962 Secretary of State

Entity Name: MALIBU VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 1405 MALIBU CIRCLE NE **SUITE 5000** PALM BAY, FL 32905

LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 1430 MALIBU CIRCLE NE **SUITE 5000 UNIT# 107** LONGWOOD, FL 327795044 PALM BAY, FL 32905

FEI Number: 59-2962800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR MULLEN, JACQUELINE SENTRY MANAGEMENT INC. 1430 MALIBU CIRCLE NE 2180 W. SR 434 STE 5000 UNIT # 107 PALM BAY, FL 32905 US LONGWOOD, FL 327795044 US

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: JACQUELINE MULLEN 08/24/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MULLEN, JACQUELINE Name: Address: 1430 MALIBU CIRCLE NE #107 City-St-Zip: PALM BAY, FL 32905

Title:

Name: HERRERA, LUCY

Address: 1435 MALIBU CIRCLE NE #107

City-St-Zip: PALM BAY, FL 32905

Title: SD

CONNOLLY, HELEN Name:

1430 MALIBU CIRCLE NE UNIT 106 Address:

City-St-Zip: PALM BAY, FL 32905

Title:

Name: GRIBBEN, ROBERT

1410 MALIBU CIRCLE NE UNIT112 Address:

City-St-Zip: PALM BAY, FL 32905

Title: Name:

ORT, RON

1440 MALIBU CIRCLE NE UNIT 105 Address:

PALM BAY, FL 32905 City-St-Zip:

Title:

TITSWORTH, RITA Name:

Address: 1415 MALIBU CIRCLE NE UNIT 111

PALM BAY, FL 32905 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE MULLEN PD 08/24/2012