

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90157 028 \*\*\*\*70.00

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01092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000002275			
1. Entity Name VENTURA AT MALIBU BAY NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 12448 SW 127TH AVENUE MIAMI, FL 33186		Mailing Address 12448 SW 127TH AVENUE 13055 SW 42 ST SUITE 203 MIAMI, FL 33187 <i>MBC ASSOCIATES</i>	
2. Principal Place of Business - No. P.O. Box # 1020 NE 34 Ave		3. Mailing Address 13055 S.W. 42 Street Suite, Apt. #, etc. #203	
City & State Homesstead, FL		City & State Miami, FL	
7in 33033		Country USA	
33175		Country USA	
4. FEI Number 20-0826830		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <i>SKRLD, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra Circle Suite 1102</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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 <i>Kahn</i> <i>Lisa Kerner, Secretary</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, MARTHA 12448 SW 127TH AVENUE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FP</i> <i>Fabrizia Borela</i> <i>1203 NE 32 Terr</i> <i>Homesstead, FL 33033</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPANO, KIMBERLY 12448 SW 127TH AVENUE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/T</i> <i>Annette Angelotti</i> <i>3283 NE 11 Drive</i> <i>Homesstead, FL 33033</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARCIA, GENE 12448 SW 127TH AVENUE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec</i> <i>Diana Summermatter</i> <i>3227 NE 11 Drive</i> <i>Homesstead, FL 33033</i> <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
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
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 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.			
SIGNATURE: <i>Maullie O'Keefe, Prop. Mgr.</i>		Date <i>4/11/07</i> Daytime Phone # <i>305.552-7855</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	