

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11011

FILED
Apr 14, 2009
Secretary of State

Entity Name: MALABAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ROSSMAN REALTY PROP. MGMT.,LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

New Principal Place of Business:

804 SW 47TH TERRACE
CAPE CORAL, FL 33914 US

Current Mailing Address:

ROSSMAN REALTY PROP. MGMT.,LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-2522247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSMAN, MICHELLE CAM
ROSSMAN REALTY PROPERTY MANG. LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 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: VPD () Delete
Name: MARILYN, HARE
Address: 1139 NE PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33909

Title: PD () Delete
Name: MELLUSI, FRANK
Address: 822 SW 47TH TERRACE #107
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: BENITA, CHIEN
Address: 1326 COARDOVA AVE
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARILYN, HARE
Address: 1139 NE PINE ISLAND LANE.
City-St-Zip: CAPE CORAL, FL 33909

Title: PD (X) Change () Addition
Name: MELLUSI, FRANK
Address: 110 LIVINGSTON AVE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: VPD (X) Change () Addition
Name: WILSON, SHIH MEI
Address: 1326 CORDOVA AVE
City-St-Zip: FORT MYERS, FL 33901

Title: STD () Change (X) Addition
Name: WILLIAMS, W. JOYCE
Address: 804 SW 47TH TERRACE #204
City-St-Zip: CAPE CORAL, FL 33914

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: MICHELLE ROSSMAN, CAM

CAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date