

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11011

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** MALABAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT, LLC  
3436 MARINATOWN LANE 1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1848  
FORT MYERS, FL 33902

**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:**

C/O SILVERCRESTED MANAGEMENT, LLC  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 US

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

C/O SILVERCRESTED MANAGEMENT, LLC  
1490 NE PINE ISLAND ROAD  
UNIT 8-D  
CAPE CORAL, FL 33909 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/07/2012

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: PAGANOCCI, DENNIS  
Address: 9 BARBERA DRIVE  
City-St-Zip: HOLMDEL, NJ 07733

Title: PD  
Name: MELLUSI, FRANK  
Address: 110 LIVINGSTON AVE  
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: STD  
Name: WILLIAMS, W. JOYCE  
Address: 2326 CHANDLER AVENUE  
City-St-Zip: FT. MYERS, FL 33907

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: FRANK MELLUSSI

PD

02/07/2012

Electronic Signature of Signing Officer or Director

Date