


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McMurran
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12661** (7)
1. Corporation Name
THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~SUNVEST PROPERTY MANAGEMENT
1100 SOUTH STATE ROAD 7, SUITE 100
MARGATE FL 33068~~

~~SUNVEST PROPERTY MANAGEMENT
1100 SOUTH STATE ROAD 7, SUITE 100
MARGATE FL 33068~~

2. Principal Place of Business 2a. Mailing Address

21 **116 NW 60 Ave.** 26 **116 NW 60 Ave.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Margate FL** 28 **Margate FL**

24 **33063** 25 County 29 **33063** 30 **USA**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report

12/19/1985 **02/14/1994**

4. FBI Number Applied For

65-0178559 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.005, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SUNVEST MANAGEMENT
1100 S STATE RD 7
SUITE 100
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81 Name **Deborah Heller**

82 Street Address (P.O. Box Number is Not Acceptable)
116 NW 60 Ave.

83

84 City **MARGATE** FL 85 Zip Code **33063**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Deborah Heller STD** **Deborah Heller** **1-30-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROUSSEL ALLISON
STREET ADDRESS	130 N.W. 60TH AVENUE
CITY, ST, ZIP	MARGATE FL
TITLE	VD
NAME	PENN, MARY
STREET ADDRESS	154 NW 60 AVENUE
CITY, ST, ZIP	MARGATE FL
TITLE	STD
NAME	HELLER, DEBORAH
STREET ADDRESS	116 N.W. 60TH AVENUE
CITY, ST, ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jena Rainone	
13 STREET ADDRESS	118 NW 60th Ave.	
14 CITY, ST, ZIP	MARGATE FL 33063	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Nicholas Elia	
23 STREET ADDRESS	160 NW 60th Ave.	
24 CITY, ST, ZIP	MARGATE FL 33063	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or as an attachment with an explanation.

SIGNATURE: **Deborah Heller** **4-27-95** **205A774-3526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Heller / Secretary-Treas