

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12661 (7)**

1. Corporation Name  
**THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 116 NW 60 AVE. MARGATE FL 33063 US  
Mailing Address: 116 NW 60 AVE. MARGATE FL 33063 US

3. Date Incorporated or Qualified: 12/19/1985  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0178559  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

2. Principal Place of Business: 21 116 NW 60 Ave, 22 N/A, 23 Margate FL, 24 33063, 25 US  
2a. Mailing Address: 26 116 NW 60 Ave, 27 N/A, 28 Margate FL, 29 33063, 30 USA

9. Name and Address of Current Registered Agent  
HELLER, DEBORAH  
116 NW 60 AVE.  
~~SUITE 100~~  
MARGATE FL 33063

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Deborah Heller* Deborah Heller 2-6-96  
Signature, typed or printed name of registered agent and the P applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAINONE, JENA	
STREET ADDRESS	118 NW 60TH AVE.	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ELIA, NICHOLAS	
STREET ADDRESS	162 NW 60TH AVE.	
CITY-ST-ZIP	MARGATE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HELLER, DEBORAH	
STREET ADDRESS	116 N.W. 60TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elia, Nicholas
2.3 STREET ADDRESS	162 NW 60th Ave.
2.4 CITY-ST-ZIP	Margate FL
3.1 TITLE	Secretary, Treasurer Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heller, Deborah
3.3 STREET ADDRESS	116 NW 60 Ave
3.4 CITY-ST-ZIP	Margate FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5.00001704475
5.4 CITY-ST-ZIP	-04/17/96--01093--010
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***61.25
6.4 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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Deborah Heller* STD Deborah Heller 2-6-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone # 954-970-3526

CR2E037 (12/95)