


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90148 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <i>Katherine Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12661

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

Principal Place of Business % KAYE & ROGER, P.A. 6261 N.W. 6TH WAY, SUITE 103 FT. LAUDERDALE FL 33309 US	Mailing Address % KAYE & ROGER, P.A. 6261 N.W. 6TH WAY, SUITE 103 FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business 21 <i>Malibu Club Condo</i>	2a. Mailing Address 26 <i>Malibu Club Condo</i>	3. Date Incorporated or Qualified 12/19/1985
Suite, Apt. #, etc. 22 <i>118 NW 60 Ave</i>	Suite, Apt. #, etc. 27 <i>118 NW 60 Ave</i>	4. FEI Number 65-0178559
City & State 23 <i>Margate FL</i>	City & State 28 <i>Margate FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>33083</i>	Country 25 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>33063</i>	Country 30 <i>USA</i>	

9. Name and Address of Current Registered Agent KAYE, ROBERT L ESQ. KAYE & ROGER, P.A. 6261 N.W. 6TH WAY, SUITE 103 FT. LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name <i>Hector Rodriguez</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>118 NW 60th Ave</i> 83 <i>Margate FL</i> 84 City <i>Margate FL</i> 85 Zip Code <i>33063</i>
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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 *Hector Rodriguez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAINONE, JENA 118 NW 60TH AVE. MARGATE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Mike Bejon 112 NW 60th Ave. Margate FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELJA, NICHOLAS 162 NW 60TH AVE. MARGATE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HELLER, DEBORAH 116 N.W. 60TH AVENUE MARGATE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED U.P.* 5-1-99 912-4959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (1/98)