42000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 112661

1. Entity Name The Malibu Club A Condominium
A 5500 18 Tion Inc. LUNETARY OF STATE OD OCT 18 AMII: 43 Principal Place of Business Mailing Address 12 1).W. 60 are Maliber Club DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Country Braida 5. Certificate of Status Desired Fee Required ᠰᡐᡣᡬ᠘ᡌᡌ᠘᠇ᢙ Name and Address of New Registered Agent Name and Address of Current Registered Agent ector Radramez Street Address (P.O. Box Number is Not Acceptable) 8 n.w. 600 ave D. 600 ave margate FI 33663 FL 8. 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 10-16-2002 9. Election Campaign Financing FILE NOW: \$5.00 May Be The state of the s Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Director TITLE inector ☐ Defete TITLE anielle Pattonson 14 nw. 60 ave mangate NAME NAME mike Beaun STREET ADDRESS STREET ADDRESS 2 nwiedare Margate CITY-ST-ZIP CITY-ST-ZIP TITLE NAME nancy Price nomis NAME Sharon DeBevits STREET ADDRESS STREET ADDRESS 164 NW GO are mongal oo Rw. 60 ave mang CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Inustee NAMÉ NAME Scott Lo Bianco Hector Rodrauez STREET ADDRESS STREET ADDRESS 142 nw. Go are Marg 118-11-100 avenus CITY-ST-ZIP CITY-ST-ZIP TITI F Mestee 400003440244-NAME NAME Debbie Heller 10. 4 -10/26/00--01049--001 STREET ADDRESS STREET ADDRESS 116 n.w. 60 are margate 3300 CITY-ST-ZIP. CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition
☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, withall other like empowered.

R OR DIRECTOR

SIGNATURE:

10-16-2000

Daytime Phone #