

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90006 010 \*\*\*\*61.25

**DOCUMENT # N12661**

1. Entity Name

**THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**MALIBU CLUB CONDO  
 142 NW 60 AVE  
 MARGATE FL 33063  
 US**

Mailing Address

**MALIBU CLUB CONDO  
 142 NW 60 AVE  
 MARGATE FL 33063  
 US**

2. Principal Place of Business

*142 NW 60 Ave*

Suite, Apt. #, etc.

3. Mailing Address

*Same*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Margate FL*

City & State

*Same*

4. FEI Number

**59-2683520**

Applied For

Not Applicable

Zip

*33063*

Country

*Broward*

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOBIANCO, SCOTT  
 142 NW 60 AVE  
 MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name *Scott Lo Bianco*

Street Address (P.O. Box Number is Not Acceptable)

*142 NW 60 Ave*

City *Margate*

**FL**

Zip Code *33063*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust-Fund Contribution:

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEGON, MIKE</b>	
STREET ADDRESS	<b>112 NW 60TH AVE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, NANCY P</b>	
STREET ADDRESS	<b>160 NW 60 AVE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>LOBIANCO, SCOTT</b>	
STREET ADDRESS	<b>142 NW 60 AVE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Begun mike</b>	
STREET ADDRESS	<b>112 NW 60 Ave</b>	
CITY-ST-ZIP	<b>Margate FL 33063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Begun Sheila</b>	
STREET ADDRESS	<b>112 NW 60 Ave</b>	
CITY-ST-ZIP	<b>Margate FL 33063</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lo Bianco Scott</b>	
STREET ADDRESS	<b>142 NW 60 Ave</b>	
CITY-ST-ZIP	<b>Margate FL 33063</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

*Scott Lo Bianco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-23-2001 (954-970-7972)*

Date

Daytime Phone #

CR2E037 (10/00)