

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

DOCUMENT # N12661

1. Entity Name

THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC

02-21-2002 90056 014 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MALIBU CLUB CONDO	3. Mailing Address 124 N.W. 60 AVE
Suite, Apt. #, etc. 124 NW 60 AVE	Suite, Apt. #, etc.

City & State MARGATE FL	City & State MARGATE FL	4. FEI Number 59-2683520	Applied For <input type="checkbox"/> Not Applicable
Zip 33063	Country US	Zip 33063	Country US

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: **ANTONIO GIRARDI**
 Street Address (P.O. Box Number is Not Acceptable):
124 N.W. 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: **ANTONIO GIRARDI-TREASURER** *Antonio Girardi* DATE: **1/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME D BEGUN, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 112 NW 60TH AVE	
CITY-ST-ZIP MARGATE FL 33063	
TITLE NAME D BEGUN, SHEILA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 112 NW 60 AVENUE	
CITY-ST-ZIP MARGATE FL 33063	
TITLE NAME TR LO-BIANCO, SCOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 142 NW 60 AVE	
CITY-ST-ZIP MARGATE FL 33063	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D MIKE BEGUN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 112 NW 60 AVE	
CITY-ST-ZIP MARGATE FL 33063	
TITLE NAME D VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS D'ERNESTINE MAYS MITCHELL	
CITY-ST-ZIP 156 N.W. 60 AVE. MARGATE FL. 33063	
TITLE NAME D ANTONIO GIRARDI	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 124 N.W. 60 AVE	
CITY-ST-ZIP MARGATE, FL. 33063	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ANTONIO GIRARDI** *Antonio Girardi Treasurer* DATE: **1/10/02** 954-975-2438
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (9/01)