


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90192 002 \*\*\*\*61.25

<b>DOCUMENT # N12661</b>			
1. Entity Name <b>THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>MALIBU CLUB CONDO 124 NW 60 AVE MARGATE FL 33063 US</b>		Mailing Address <b>MALIBU CLUB CONDO 124 NW 60 AVE MARGATE FL 33063 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2683520</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Name <b>GIRARDI, ANTONIO</b>		Name <b>Scott Lobianco</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>124 NW 60 AVE</b>		Street Address (P.O. Box Number is Not Acceptable) <b>142 NW 60 Ave</b>	
City <b>Margate</b>		City <b>Margate</b>	
State <b>FL</b>		State <b>FL</b>	
Zip <b>33063</b>		Zip <b>33063</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott Lobianco (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEGUN, MIKE		NAME Scott Lobianco	
STREET ADDRESS 112 NW 60TH AVE		STREET ADDRESS 142 NW 60 Ave	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP Margate FL 33063	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALMERAZ, FRANK		NAME Carlton Serretor	
STREET ADDRESS 136 NORTHWEST 60 AVENUE		STREET ADDRESS 120 NW 60 Ave	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP Margate FL 33063	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GIRARDI, ANTONIO		NAME Ken McClary	
STREET ADDRESS 124 NW 60 AVE		STREET ADDRESS 114 NW 60 Ave	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP Margate FL 33063	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Brianna Smith	
STREET ADDRESS		STREET ADDRESS 118 NW 60 Ave	
CITY-ST-ZIP		CITY-ST-ZIP Margate FL 33063	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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 Lobianco