


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 009 ****61.25

DOCUMENT # N12661							
1. Entity Name THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business MALIBU CLUB CONDO 124 NW 60 AVE MARGATE, FL 33063 US			Mailing Address MALIBU CLUB CONDO 124 NW 60 AVE MARGATE, FL 33063 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2683520			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LODLANCO, SCOTT 142 NW 60TH AVE MARGATE, FL 33063			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOBLANCO, SCOTT		NAME				
STREET ADDRESS	142 NW 60TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERUTER, CARLTON		NAME				
STREET ADDRESS	120 NW 60TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLARY, KEN		NAME				
STREET ADDRESS	114 NW 60TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, BRIAN		NAME				
STREET ADDRESS	118 NW 60TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JEANIS		NAME	Jeanis Juskin			
STREET ADDRESS			STREET ADDRESS	158 NW 60th 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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Scott Robiano</i>			Date: <i>4-17-07</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>				
			<small>Daytime Phone #</small>				