
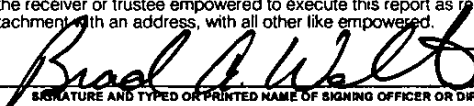


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

04-24-2008 90111 043 ****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 c/o MCH Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 260848	
City & State		City & State Pembroke Pines	
Zip	Country	Zip	Country
		33026	USA
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 KATZMAN GARFINKEL Street A 1501 NW 49th Street, Suite 202 Fort Lauderdale, Florida 33309 City 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 		LEIGH C. KATZMAN, ESQ. 06-11-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOBLANCO, SCOTT 142 NW 60TH AVE MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brad Walters <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 110 NW 60 Ave Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DERUTER, CARLTON 120 NW 60TH AVE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gladys Cury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 150 NW 60 Ave Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUSKIN, VENIS 158 NW 60 AVE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michela Cappella <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 132 NW 60 Ave Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		s/6/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	