

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12661

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

MALIBU CLUB CONDO  
124 NW 60 AVE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

MALIBU CLUB CONDO  
110 NW 60 AVE  
MARGATE, FL 33063 US

**Current Mailing Address:**

C/O MCH MGMT  
PO BOX 260848  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 59-2683520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARFINKEL, KATZMAN  
1501 NW 49TH ST  
STE 202  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: DERUTER, CARLTON  
Address: 120 NW 60TH AVE  
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete  
Name: DUSKIN, VENIS  
Address: 158 NW 60 AVE  
City-St-Zip: MARGATE, FL 33063

Title: PD ( ) Delete  
Name: WALTERS, BRAD  
Address: 110 NW 60 AVE  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: CURY, GLDYS  
Address: 150 NW 60 AVE  
City-St-Zip: MARGATE, FL 33063

Title: SD (X) Delete  
Name: CAPPIELTO, MICHELE  
Address: 132 NW 60 AVE  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: CAPPIELIO, MICHELE  
Address: 132 NW 60TH AVE  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD WALTERS

PD

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date