

N12661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

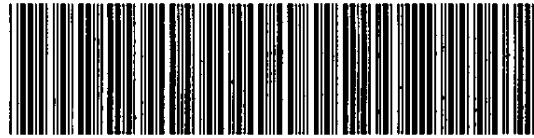
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

OCT 12 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MALIBU CLUB A CONDOMINIUM ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** N12661

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA SOMERS  
Name of Contact Person

MCH MANAGEMENT  
Firm/Company

PO BOX 260848  
Address

PEMBROKE PINES FL 33026  
City/State and Zip Code

LMS152174@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA SOMERS at ( 954 ) 914-1744  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE MALIBU CLUB, A CONDOMINIUM ASSOCIATION, INC.  
2. The principal office address: 110 NW 60 AVE MARGATE, FL 33063

3. The mailing address (if different): C/O MCH MANGEMENT INC  
PO BOX 260848 PEMBROKE PINES, FL 33063

4. Date of incorporation/qualification: 1987 Document number: N12661

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KATZMAN GARFINKEL  
1501 NW 49 STREET 2ND FLOOR  
FORT LAUDERDALE, FL 33026

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DICKER, KRIVOK AND STOLOFF, PA  
1818 AUSTRALIAN AVENUE SOUTH SUITE 400  
P.O. Box NOT acceptable  
WEST PALM BEACH, FL 33409

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brad A. Walters  
Signature of an officer or director

Brad A. Walters  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

10-7-09  
Date

If signing on behalf of an entity:

Scott Stoloff  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*