


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

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90456 039 \*\*\*\*61.25

**DOCUMENT # N26622**  
 1. Entity Name  
**VILLAS AT MALIBU HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 11545 OLD OCEAN BLVD.      11545 OLD OCEAN BLVD.  
 UNIT G      UNIT G  
 OCEAN RIDGE FL 33435      OCEAN RIDGE FL 33425  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**65-0161810**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AXELBAND, MICKEY  
 11545 OLD OCEAN BLVD.  
 UNIT G  
 OCEAN RIDGE FL 33435

Name: **Mary Ann Monnin**  
 Street Address (P.O. Box Number is Not Acceptable): **11545 Old Ocean Blvd # D**  
 City: **Ocean Ridge**      FL      Zip Code: **33435**

**SIGNATURE**

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: *Mary Ann Monnin*  
 Signature type:  Printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE:

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$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: PSD       Delete  
 NAME: AXELBRAND, MICKEY  
 STREET ADDRESS: 11545 OLD OCEAN BLVD UNIT C  
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: PSD       Change       Addition  
 NAME: **Monnin, Mary Ann**  
 STREET ADDRESS: **11545 Old Ocean Blvd #D**  
 CITY-ST-ZIP: **Ocean Ridge FL 33435**

TITLE: VPD       Delete  
 NAME: CROTTY, LAURIE  
 STREET ADDRESS: 11545 OLD OCEAN BLVD UNIT A  
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: VPD       Change       Addition  
 NAME: **SAME**

TITLE: STD       Delete  
 NAME: MONNIN, MARY ANN  
 STREET ADDRESS: 11545 OLD OCEAN BLVD UNIT D  
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: STD       Change       Addition  
 NAME: **Platt, Thomas**  
 STREET ADDRESS: **11545 Old Ocean Blvd # B**  
 CITY-ST-ZIP: **Ocean Ridge, FL 33435**

TITLE: STD       Delete  
 NAME: FARAH, CHUCK  
 STREET ADDRESS: 11545 OLD OCEAN BLVD. # E  
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE:       Change       Addition  
 NAME:      STREET ADDRESS:      CITY-ST-ZIP:

TITLE:       Delete  
 NAME:      STREET ADDRESS:      CITY-ST-ZIP:

TITLE:       Change       Addition  
 NAME:      STREET ADDRESS:      CITY-ST-ZIP:

TITLE:       Delete  
 NAME:      STREET ADDRESS:      CITY-ST-ZIP:

TITLE:       Change       Addition  
 NAME:      STREET ADDRESS:      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: *Mary Ann Monnin*