

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26622

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** VILLAS AT MALIBU HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11545 OLD OCEAN BLVD.  
UNIT G  
OCEAN RIDGE, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

11545 OLD OCEAN BLVD.  
UNIT G  
OCEAN RIDGE, FL 33425 US

**New Mailing Address:**

**FEI Number:** 65-0161810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARY ANN MONNIN  
11545 OLD OCEAN BLVD.  
UNIT D  
OCEAN RIDGE, FL 33435 US

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

SACHS SAX CAPLAN  
6111 BROKIEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

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: LOU CAPLAN

05/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MONNIN, MARY A  
Address: 11545 OLD OCEAN BLVD #D  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VC  
Name: NOLAN, VUTE  
Address: 11545 OLD OCEAN BLVD UNIT F  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: SEC/  
Name: AXELBAND, MICKEY  
Address: 11545 OLD OCEAN BLVD UNIT C  
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN MONNIN

PRES

05/10/2011

Electronic Signature of Signing Officer or Director

Date