

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 010 ****61.25

DOCUMENT # N44334

1. Entity Name

MALIBU POINTE AT SILVER LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

19620 W PINES BLVD
SUITE 205
PEMBROKE PINES FL 33029
US

Mailing Address

% PINES PROPERTY MANAGEMENT
P.O. BOX 820100
SO. FLORIDA FL 33082-0100



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/06)

4. FEI Number

65-0421716

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, THOMAS R JR.
19620 PINES BLVD
SUITE 205
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name: **ROBERT KAYE ASSOCIATES, P.A.**

Street Address (P.O. Box Number is Not Acceptable): **6261 NW 6TH WAY SUITE 103**

City: **FT. LAUDERDALE** FL Zip Code: **33309**

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: *Robert Kaye President* DATE: *4-13-07*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007

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

| | | |
|-----------------|-------------------------|--|
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | MARTEN, CATHY | |
| STREET ADDRESS | 18242 NW 15 CT | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, STEVEN | |
| STREET ADDRESS | 1534 NW 183 AVE | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, KATHRYN | |
| STREET ADDRESS | 18250 NW 16 STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | VENTURA, TERESE | |
| STREET ADDRESS | 1524 NW 183RD AVENUE | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CHRISTENSEN, KIM | |
| STREET ADDRESS | 1510 NW 183 TERRACE | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SINGER, CAROL | |
| STREET ADDRESS | 1501 NW 182 TEC | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Senger - President* DATE: *954-296-2616*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR