
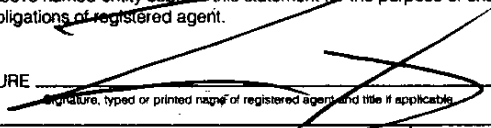


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90372 009 ****61.25

DOCUMENT # N45472			
1. Entity Name MALIBU NORTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business MALIBU N CONDO ASSOCIATION 276 NORTHWEST 60TH AVE MARGATE, FL 33063 US		Mailing Address MALIBU N CONDO ASSOCIATION 276 NORTHWEST 60 AVE MARGATE, FL 33063 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o MCH Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 260848	
City & State		City & State Pembroke Pines	
Zip	Country	4. FEI Number 65-0311660	Applied For <input type="checkbox"/> Not Applicable
33026	USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROUGH CHADROW, LEVINE P.A. 1900 N COMMERCE PARKWAY WESTON, FL 33326		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		LEIGH C. KATZMAN 04-07-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURWOOD, JOAN	NAME	Burwood, Joan
STREET ADDRESS	210 NW 60 AVE	STREET ADDRESS	c/o MCH Management
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	PO Box 260848 Pembroke Pines FL 33026
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBAUDO, MONICA	NAME	Ribaudo
STREET ADDRESS	238-NW 60TH AVE	STREET ADDRESS	c/o MCH Management
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	MANAGEMENT
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PO BOX 260848 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRAN, PAUL	NAME	PEMBROKE PINES, FL
STREET ADDRESS	214 NW 60TH AVE	STREET ADDRESS	33026
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVER, BRADLEY	NAME	Bradley Cleaver
STREET ADDRESS	242 NW 60TH AVE	STREET ADDRESS	c/o MCH Management
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			