

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45472

FILED
Apr 11, 2009
Secretary of State

Entity Name: MALIBU NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

MALIBU N CONDO ASSOCIATION
276 NORTHWEST 60TH AVE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

C/O MCH MANAGEMENT
PO BOX 260848
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0311660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH CHADROW, LEVINE P.A.
1900 N COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

KATZMAN GARFINKEL
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: LEIGH C. KATZMAN, ESQ. AS FOUNDING PARTNER 04/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BURWOOD, JOAN
Address: C/O MCH MGT PO BOX 260848
City-St-Zip: PEMBROKE, FL 33026

Title: PD () Delete
Name: RIBAUDO, MONICA
Address: C/O MCH MGT PO BOX 260848
City-St-Zip: HOLLYWOOD, FL 33026

Title: DVP () Delete
Name: CLEAVER, BRADLEY
Address: 242 NW 60TH AVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MICHELLE, KURAMOCHI
Address: 240 NW 60TH AVE
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA RIBAUDO PD 04/11/2009
Electronic Signature of Signing Officer or Director Date