2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90408 001 ****61.25
04-04-2005 90408 002 *****8.75

DOCUMENT # N93000000794

1. Entity Name

MALIBU HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
CITY RECREATION BUILDING SILVERTON DRIVE ORLANDO FL 32811	PO BOX 616885 CITY REC-BLDG ORLANDO FL 32861-6885

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
City Recreation Bldg	P.O. Box 616885
Suite, Apt. #, etc.: Silverton Dr	Suite, Apt. #, etc.
City & State: Orl. Fl	City & State: Orlando, Fl
Zip: 32811 Country: Orange	Zip: 32861-6885 Country: Orange

4. FEI Number 59-3208733 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, WILLIE B
434 GILMAN CIRCLE
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: Willie B. Barnes

Street Address (P.O. Box Number is Not Acceptable): 434 Gilman Circle

City: Orlando FL Zip Code: 32811

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: Willie B. Barnes President DATE: 3-14-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNES, WILLIE 434 GILMAN CIRCLE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAUL, GEORGE 237 FAN FAIR ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WHITE, MARIE 4437 MALIBU STREET ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARY, BEVERLY 281 SIFFORD LANE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR WASHINGTON, MILDRED 4630 OLIVER ST ORLANDO FL 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR Johnny Lingo 78 Argos Ave Orlando, Fl 32811 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Willie B. Barnes 03-14-2005 407-293-7145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #