FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

FILED Feb 02 1998 8:00am

	1998	7.7	CORPORATIONS	Secretary of State
DOCU 1. Corporation	MENT # N960	00005485 (5)		
MALAB	BAR DANES, INC.			Lugurkari god kara goki goki darki baril baril baril adidi akiri akiri akiri akiri akiri kara karil kuri
Principal Plac	ce of Business	Mailing Address		
1		-		
2300 HALL ROA MALABAR FL 3		2300 HALL ROAD MALABAR FL 32950		3. Date incorporated or Qualified
				10/25/1996 4. FEI Number Applied For
				59-3412331 Not Applicable
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Stat	te	City & State		7. Is this nonprofit corporation a homeowners association?
23 Zip	Country	28 Zip	Country	Yes No
24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Von
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
			82 Street	Address (P.O. Box Number is Not Acceptable)
6767 NORTH WICKHAM ROAD SUITE 400F			83	
	IRNE FL 32940		84 City	85 Zip Code
			1 1	· • • • • • • • • • • • • • • • • • • •
11. Pursuant office or r	to the provisions of Sections 617.0 registered agent, or both, in the St	0502 and 617.1508, Florida Statute ate of Florida, Such change was a	es, the above-named outhorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the ob	ligations of, Section 617.0503, Flo	rida Statutes.	, 42-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Agent signature	regulfed when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	
NAME	RANDALL, P. GEORGE	- Duconsect Spelling	1.2 NAME	RANDAIL P. GEORGIA
STREET ADORESS	2300 HALL ROAD MALABAR FL 32950	31-000	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2300 HAIL Rd MALALAR FL 32950
CITY-ST-ZIP TITLE	VPD	☐ DELETE	2.1 TITLE	Change Addition
NAME	GARDNER, GARY		2.2 NAME	
STREET ADDRESS	2300 HALL ROAD		2.3 STREET ADDRESS	}
CITY-ST-ZIP	MALABAR FL		2. 4 CITY-ST-ZIP	
TITLE	STD	DELETE	3.1 TITLE	Change L Addition
NAME STREET ADDRESS	WHIPP, ANGIE 116 BUTLER ST		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDEMERE FL		3.4. CITY-ST-ZIP	
TITLE	771110E171E17	DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	}
STREET ADDRESS			4.3 STREET ADDRESS	
City-st-zip		Locure	4.4 CITY-ST-ZIP	Change (Addition
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME	Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS				· ·
CITY-ST-ZIP			6.3 STREET ADDRESS	Í

Indicated on this annual report or supplied with an an any does not quality for the exemption stated in section 119.0 (3/ft), Florida Statutes. I littlife certify find the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or op an attachment with an address

SIGNATURE: