
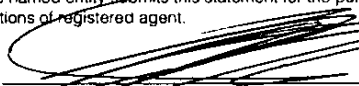
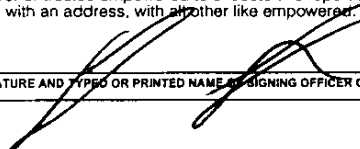


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90236 024 ****61.25

DOCUMENT # N97000000782 1. Entity Name MALIBU BAY AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11784 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			Mailing Address 11784 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0745157	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT 11784 W. SAMPLE ROAD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Pointe Management Group Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Ave # 206 City Delray Beach FL Zip Code 33483	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, type or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> Eric Estebanez </div> <div style="width: 20%; text-align: right;"> 3-22-06 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TERRERO, JACQUELINE 831 N.W. 208 CIRCLE PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, CARLOS 706 NW 208 WAY PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, PAUL 614 NW 208 DRIVE PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGALE, RICARDO 20815 NW 1ST ST. PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDINI, MARIE 835 NW 208 WAY PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, HEIDI 869 NW 208TH WAY PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: 			3-22-06		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		