



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 015 ****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 - No P.O. Box # 75 NE 6th Ave Suite, Apt. #, etc. 206		3. Mailing Address 75 NE 6th Ave Suite, Apt. #, etc. 206		 03292007 Chg-NP CR2E037 (12/06)	
City & State Delray Beach		City & State Delray Beach			
Zip 33483		Zip 33483			
Country		Country			
4. FEI Number 65-0745157				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POINT MGMT GROUP 75 NE 6TH AVE 206 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent <div style="text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">PAID</div>		
CK. NO. <u>1185</u> DATE <u>03/29/07</u>			City <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD DIAZ, CARLOS 706 NW 208 WAY PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGALE, RICARDO 20815 NW 1ST ST HOLLYWOOD, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANDINI, MARIE 835 NW 208 WAY PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, HEIDI 869 NW 208TH WAY HOLLYWOOD, FL 33029	<input type="checkbox"/> Delete			
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 all other like empowered.					
SIGNATURE: <u>Marie Gandini</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/30/07</u> Daytime Phone #		