

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000782

FILED
Apr 08, 2009
Secretary of State

Entity Name: MALIBU BAY AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

75 NE 6TH AVE
206
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

75 NE 6TH AVE
206
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0745157 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POINT MGMT GROUP
75 NE 6TH AVE 206
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TERRERO, JACQUELINE
Address: 831 N.W. 208 CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: DIAZ, CHARLIE
Address: 706 NW 208 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: FRAGALE, RICARDO
Address: 20815 NW 1ST ST
City-St-Zip: HOLLYWOOD, FL 33029

Title: SD () Delete
Name: GANDINI, MARIE
Address: 835 NW 208 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: JONES, HEIDI
Address: 869 NW 208TH WAY
City-St-Zip: HOLLYWOOD, FL 33029

Title: D () Delete
Name: LOPEZ, LUZ
Address: 697 NW 208 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JACQUELINE TERRERO

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date