

# FOR PROFIT CORPORATION

2014 Annual Report

DOCUMENT # 90300005005

1. Entity Name

malabar Preferred Communities



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 E. New Haven Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

4. FEI Number

38-3670114

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MRS

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Roy Pence

Street Address (P.O. Box Number is Not Acceptable)

300 E. New Haven Ave

City

Melbourne

FL

Zip Code

32901

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Roy Pence 300 E. New Haven Ave. Melbourne, FL 32901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600032463806 04/12/04--01051--002 **150.00
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

321-837-0350

Daytime Phone #

CR2E034B (12/02)