FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:31

DOCUMENT # **P94000073305 (2)**

1. Corporation Name
MALOMAR AT COBBLESTONE, INC.

Principal Place of Business	Mailing Address
3155 NORTH 39TH ST. HOLLYWOOD FL 33021	3155 NORTH 39TH ST. HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2435 Hollywood Blvd	26 2435 Hollywood Blvd
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33020 / 25 USA	Zip / Country 29 33020 / 30 USA

4. FEI Number: 65-0539857 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTLEY, ROBERTA D 2600 N. MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431-6330	81 Name: Malcolm L. Resnick 82 Street Address (P.O. Box Number is Not Acceptable): 3155 N. 39 St. 83 84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 4/27/95
Signature, typed or printed name of registered agent and the date of execution — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RESNICK, MALCOLM L	12 NAME	
STREET ADDRESS	3155 NORTH 39 ST.	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33021	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RESNICK, MARLENE	22 NAME	
STREET ADDRESS	3155 NORTH 39 ST.	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33021	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SUBMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/27/95 305-864-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0005032 CP