


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

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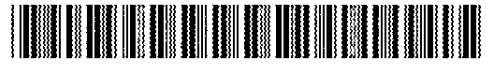
1. Entity Name
MALL HILL CENTER PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**43309 U.S. 19 NORTH
 TARPON SPRINGS, FL 34689**

Mailing Address
**P O BOX 1608
 TARPON SPRINGS, FL 34688-1608 US**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3722175

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDLAND, LEW
 43309 U.S. 19 NORTH
 TARPON SPRINGS, FL 34689**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

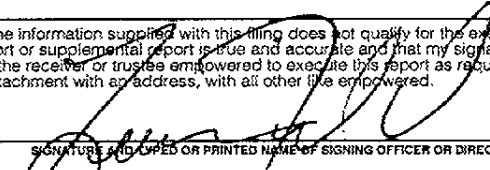
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIEDLAND, LEW P.O. BOX 1608 TARPON SPRINGS, FL 346881608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALDRIDGE, DAN E 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FORD, DAVID 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/09/04-80036-004 61.25

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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)(f), 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:  **LEW FRIEDLAND** **2/4/04** **727-942-2591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #