


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003569
1. Entity Name
**MALL HILL CENTER PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
**43309 U.S. 19 NORTH
TARPON SPRINGS, FL 34689** **P O BOX 1608
TARPON SPRINGS, FL 34688-1608 US**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3722175 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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution.** 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
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02/10/06-80074-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 or 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** 4/8/06 (727) 942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #