

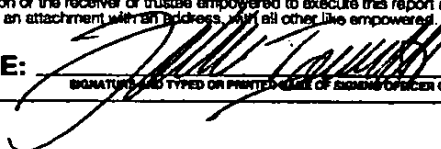


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90030 036 ****61.25

DOCUMENT # N02000008953			
1. Entity Name MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 277 SE 5TH AVE DELRAY BCH, FL 33483		Mailing Address 277 SE 5TH AVE DELRAY BCH, FL 33483	
2. Principal Place of Business 2295 NW Corporate Blvd. Suite, Apt. #, etc. Ste # 138 City & State Boca Raton, FL Zip 33431		3. Mailing Address 2295 NW Corporate Blvd. Suite, Apt. #, etc. Ste # 138 City & State Boca Raton, FL Zip 33431	
4. FEI Number APPLIED FOR 16-1663298		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BCH, FL 33483		7. Name and Address of New Registered Agent Name Kimberly Marsden Street Address (P.O. Box Number is Not Acceptable) 2295 NW Corporate Blvd Ste # 138 City Boca Raton FL Zip Code 33431	
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 the registered agent.			
SIGNATURE  Kimberly Marsden, Property Mgr.		DATE 2/3/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leonard Felberbaum 516 S. Mallory Circle Delray Bch. FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank Iannotti 301 W. Mallory Circle Delray Bch. FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, MARCIA 277 SE 5TH AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bryan Kirkconnell 383 E. Mallory Circle Delray Bch. FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISMAN, BARTON 277 SE 5TH AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Date 3-6-2005 Daytime Phone #	

66006244



01062005 Chg-NP CR2E037 (10/03)