

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 046 ****61.25

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DOCUMENT # N02000008953							
1. Entity Name MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431			Mailing Address 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 16-1663298			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARSDEN, KIMBERLY 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FELBERBRAWN, LEONARD		NAME	Weaver, Christopher			
STREET ADDRESS	516 S. MALLORY CIR		STREET ADDRESS	318 E. Mallory Circle			
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33483			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IANNOTTI, FRANK		NAME				
STREET ADDRESS	361 W MALLORY CIR		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRKCONNELL, BRYAN		NAME	Felberbaum, Leonard			
STREET ADDRESS	383 E MALLORY CIR		STREET ADDRESS	516 S. Mallory Circle			
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33483			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 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: <i>Frank Iannotti</i>			Date _____ Daytime Phone # _____				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							