

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N02000008953

Entity Name: MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S CONGRESS AVE  
STE 1-C  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
STE 1-C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 16-1663298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVID M. BECKERMAN, PA  
7000 WEST PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIRKCONNELL, BRIAN  
Address: 383 E. MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: T ( ) Delete  
Name: FELBERBAUM, LEONARD  
Address: 516 S. MALLORY CR.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete  
Name: MCDOWELL, DONALD  
Address: 336 W MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MEIER, ELAINE  
Address: 348 W MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN KIRKCONNELL

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date