

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008953

FILED  
Apr 14, 2011  
Secretary of State

**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:**

WYANT-CORTEZ, V. CLAIRE ESQ  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 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: D  
Name: LANE, CAROL  
Address: 306 E MALLORY SQUARE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: DAVEY, CHRISTOPHER  
Address: 319 E MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD  
Name: MEIER, ELAINE  
Address: 348 W MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: WALLACE, RIBERT  
Address: 321 W MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD  
Name: HALL, STEPHEN  
Address: 325 W MALLORY CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: ELAINE MEIER

PD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date