

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008953

Entity Name: MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 16, 2015
Secretary of State
CC4282050790

Current Principal Place of Business:

GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

FEI Number: 16-1663298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY NW
BOCA RATON , FL 33487 US

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: SACHS

04/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD, TREASURER
Name DAVEY, CHRISTOPHER
Address GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SD
Name MEIER, ELAINE
Address GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name POULSHOCK, MARC
Address GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name HIRSHFIELD, NORMA
Address GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name FREEBURN, CINDI
Address GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: CHRISTOPHER DAVEY

PRESIDENT

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date