

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008953

Entity Name: MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 22, 2019
Secretary of State
2392662905CC

Current Principal Place of Business:

C/O GRS MANAGEMENT ASSOCIATES
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS MANAGEMENT ASSOCIATES
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463

FEI Number: 16-1663298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
625 N. FLAGLER DR., 7TH FLOOR
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THOMAS, PAM
Address GRS MANAGEMENT ASSOC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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

Title SECRETARY
Name PAUL, MAX
Address GRS MANAGEMENT ASSOC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name HAVLICSEK, BOB
Address GRS MANAGEMENT ASSOC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name CARROLL, BARNEY
Address C/O GRS MANAGEMENT ASSOCIATES
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: THOMAS, PAM

PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date