

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008953

**Entity Name:** MALLORY SQUARE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC0667310811**

**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            FELBERBAUM, LEONARD  
Address        GRS MANAGEMENT ASSOC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

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

Title            TREASURER  
Name            SHERYL, SIMON  
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            DIRECTOR  
Name            PIERCE , MACKENZIE  
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: LEONARD FELBERBAUM**

**PRESIDENT**

**03/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date