2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002106

Entity Name: MALLORY PARK HOMEOWNERS ASSOCIATION, INC.

FILED Apr 10, 2024 **Secretary of State** 1224911246CC

Current Principal Place of Business:

6311 ATRIUM DR SUITE 209

LAKEWOOD RANCH, FL 34202

Current Mailing Address:

6311 ATRIUM DR. STE. #209 LAKEWOOD, FL 34202 US

FEI Number: 82-0727116 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUSTAFSON, KARLA 6311 ATRIUM DR. STE. #209 LAKEWOOD, FL 34202 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: KARLA GUSTAFSON 04/10/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY**

EBONE. MICHELE Name SERRAPICA, ELI Name

Address 6311 ATRIUM DR. STE. #209 Address 6311 ATRIUM DR **SUITE 209**

City-State-Zip: LAKEWOOD FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

Title **TREASURER**

DIRECTOR 1 Title Name OLEJNICZAK, JILLANN

Name HUMLICEK, MIKE Address 6311 ATRIUM DR. STE. #209

Address 6311 ATRIUM DR. STE. #209 City-State-Zip: LAKEWOOD FL 34202 City-State-Zip: LAKEWOOD FL 34202

Title **DIRECTOR 2**

RICHARDS, PAUL Address 6311 ATRIUM DR. STE. #209

City-State-Zip: LAKEWOOD FL 34202

Name

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: PAUL RICHARDS

Electronic Signature of Signing Officer/Director Detail

04/10/2024 **BOARD PRESIDENT**

Date