

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750243

FILED
Apr 28, 2006
Secretary of State

Entity Name: MALYN CONDOMINIUM MOTEL ASSOCIATION, INC.

Current Principal Place of Business:

282-107TH AVENUE
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

282 107TH AVE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-1963755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, VICTOR A
4629 W BAY CT AVE
TAMPA, FL 33611 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 () Delete
Name: BENZING, EDWARD
Address: 8481 CHESTNUT RIDGE RD
City-St-Zip: GASPORT, NY 14067

Title: PD () Delete
Name: WILLIS, SYDNEY C
Address: 4629 W BAY CRT AVE
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: GRAFTON, ABBOTT T
Address: 282 107TH AVE #124
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: SANSOME, VINCENT
Address: 12730 MORGAN RD
City-St-Zip: HUDSON, FL 34669

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENZING, EDWARD
Address: 8481 CHESTNUT RIDGE RD
City-St-Zip: GASPORT, NY 14067

Title: VD (X) Change () Addition
Name: WILLIS, SYDNEY C
Address: 4629 W BAY CRT AVE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SANSOME, VINCENT
Address: 12730 MORGAN RD
City-St-Zip: HUDSON, FL 34669

Title: D () Change (X) Addition
Name: CARROLL, TERRI
Address: 2739 HORSESHOE DR.
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYDNEY C. WILLIS

VD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date