

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004220

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MULKAY AND VITALE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2231 N. UNIVERSITY DR., SUITE A  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2231 N. UNIVERSITY DR., SUITE A  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 76-0727331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IANNACCONI, JAMES T  
800 E. BROWARD BLVD., SUITE 510  
FT. LAUDERDALE, FL 33301 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: PD ( ) Delete  
Name: MULKAY, ESTEBAN  
Address: 2231 N. UNIVERSITY DR., SUITE A  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD ( ) Delete  
Name: MULKAY, MARIA  
Address: 2231 N. UNIVERSITY DR., SUITE A  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VSD ( ) Delete  
Name: VITALE, AMERICO  
Address: 2231 N. UNIVERSITY DR., SUITE A  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ESTEBAN MULKAY

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date