2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N31326

Entity Name: MALLORY SQUARE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2934265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES, INC.
1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 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: TD ( ) Delete
Name: HUDSON, LISA
Address: 3002 W CLEVELAND A-6
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: FUCHS, DAN
Address: 3002 W CLEVELAND D-9
City-St-Zip: TAMPA, FL 33609

Title: PD ( ) Delete
Name: HANTL, CRAIG
Address: 3002 W CLEVELAND C-5
City-St-Zip: TAMPA, FL 33609

Title: SD ( ) Delete
Name: BABETTE, KLEIN
Address: 3002 W. CLEVELAND STREET A-4
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: MURPHY, THOMAS
Address: P.O. BOX 1149 S. WELLFLEET
City-St-Zip: CAPE COD, MA 02663

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: FUCHS, DANIEL
Address: 3002 W CLEVELAND D-9
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change ( ) Addition
Name: HANTL, CRAIG
Address: 3002 W CLEVELAND C-5
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition
Name: BABETTE, KLEIN
Address: 3002 W. CLEVELAND STREET A-4
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change ( ) Addition
Name: MURPHY, THOMAS
Address: P.O. BOX 1149 S. WELLFLEET
City-St-Zip: CAPE COD, MA 02663

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: DANIEL FUCHS PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date