

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31326

FILED
Apr 29, 2010
Secretary of State

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
Name: HUDSON, LISA
Address: 3002 W CLEVELAND A-6
City-St-Zip: TAMPA, FL 33609

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

Title: D
Name: HANTL, CRAIG
Address: 3002 W CLEVELAND C-5
City-St-Zip: TAMPA, FL 33609

Title: VD
Name: PEASE, CLIFF
Address: 3002 W. CLEVELAND STREET E-7
City-St-Zip: TAMPA, FL 33609

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

Title: SD
Name: FLYNN, SHANNON
Address: 3002 W CLEVELAND ST B-2
City-St-Zip: TAMPA, FL 33609

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: DANIEL FUCHS

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date