


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90033 047 \*\*\*\*61.25

<b>DOCUMENT # N06000003793</b>	
1. Entity Name <b>MALLORY CREEK HOMEOWNERS ASSOCIATION, INC.</b>	

40078204

Principal Place of Business <b>4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811</b>	Mailing Address <b>4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811</b>
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2. Principal Place of Business - No P.O. Box # <b>c/o Capital Realty 600 Sandtree Dr #109 PB6, FL 33403</b>	3. Mailing Address <b>c/o Capital Realty 600 Sandtree Dr #109 PB6, FL 33403</b>
City & State <b>PB6, FL</b>	City & State <b>PB6, FL</b>
Zip <b>33403</b>	Country <b>USA</b>

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>51-0573831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COVELL, RICK 4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811</b>	7. Name and Address of New Registered Agent <b>Donna McDonald c/o Capital Realty Advisors, Inc 600 Sandtree Dr, #109 PB6 FL 33403</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donna McDonald DATE 4-7-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, JAMES 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF MURRAY 4901 Vineland Rd. Ste 500 Orlando, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOON, DAVID A 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Diana Cabrera 4901 Vineland Rd - Ste 500 Orlando, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COVELL, RICK 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Kim Emerson 4901 Vineland Rd - Ste 500 Orlando, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #