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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23156 (5)
1. Corporation Name
MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 167, PALM CITY FL 34990
Mailing Address: P.O. BOX 167, PALM CITY FL 34991-0167

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1510535		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNUDSEN, GERALD J
4216 SW MALLARD CREEK TRAIL
PALM CITY FL 34990

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	PALACE, JOHN T	4267 SW MALLARD CREEK TRAIL	PALM CITY FL				
VT	THUMSER, RICHARD J	4219 SW MALLARD CREEK TRAIL	PALM CITY FL	VT	English, James	4187 S.W. Mallard Creek Trail	Palm City Fl. 34990
S	SCHWALBE, MINETTE	4247 SW MALLARD CR TR	PALM CITY FL	S	Slover, Ellen	4200 S.W. Mallard Creek Trail	Palm City Fl. 34990
D	MENGEL, ROBERT	9251 SW MALLARD CR. TR	PALM CITY FL	D	Slover, John	4200 S.W. Mallard Creek Trail	Palm City Fl. 34990
D	KNUDSEN, GERALD J	4216 SW MALLARD CREEK TRAIL	PALM CITY FL				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with address.

SIGNATURE: _____ DATE: 1/31/97

CR2E037 (9/96)