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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 34990

3. Date Incorporated or Qualified: 10/26/1987
4. FEI Number: 59-1510535
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: P.O. Box 167
2a. Mailing Address: P.O. Box 167
21. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.
23. City & State: PALM CITY, FL
24. Zip: 34991
25. Country: USA
26. City & State: PALM CITY, FL
27. Suite, Apt. #, etc.
28. City & State: PALM CITY, FL
29. Zip: 34991
30. Country: USA

9. Name and Address of Current Registered Agent
KNUDSEN, GERALD J
4216 SW MALLARD CREEK TRAIL
PALM CITY, FL 34990

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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	P	1.1 TITLE	PRESIDENT
NAME	PALACE, JOHN T	1.2 NAME	RONALD SAGARINO
STREET ADDRESS	4267 SW MALLARD CREEK TRAIL	1.3 STREET ADDRESS	4171 SW MALLARD CREEK TRAIL
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VT	2.1 TITLE	
NAME	ENGLISH, JAMES	2.2 NAME	
STREET ADDRESS	4167 SW MALLARD CREEK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SLOVER, ELLN	3.2 NAME	
STREET ADDRESS	4200 SW MALLARD CREEK TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SLOVER, JOHN	4.2 NAME	
STREET ADDRESS	4200 SW MALLARD CREEK TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DIRECTOR
NAME	KNUDSEN, GERALD J	5.2 NAME	EARL MARTIN
STREET ADDRESS	4216 SW MALLARD CREEK TRAIL	5.3 STREET ADDRESS	4208 SW MALLARD CREEK TRAIL
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 an address.

SIGNATURE: _____ 2/2/98 21-228-2255

CFR2E037 (10/97)