

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90090 005 ****61.25

DOCUMENT # N23156

1. Entity Name

MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 167
 PALM CITY FL 34991
 US

P.O. BOX 167
 PALM CITY FL 34991-0167
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0257108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SAGARINO, RONALD**
 STREET ADDRESS **4171 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL 34490**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD NULTY, LILY**
 STREET ADDRESS **4239 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Addition
 NAME **LILY NOFI**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PERRY, GASPER**
 STREET ADDRESS **4179 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SLOVER, JOHN**
 STREET ADDRESS **4200 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL**

TITLE Change Addition
 NAME **P/D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARTIN, EARL**
 STREET ADDRESS **4208 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Addition
 NAME **D. RICHARD LABAW**
 STREET ADDRESS **4227 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V/D JOHN DAGGENAKIS**
 STREET ADDRESS **4236 SW MALLARD CREEK TRAIL**
 CITY-ST-ZIP **PALM CITY FL 34990**

12. 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 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]* **REQUIRE NOFI, Treasurer 2.22.00 (561)286-6147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (9/99)