


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90042 033 ****61.25

DOCUMENT # N23156					
1. Entity Name MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 167 PALM CITY, FL 34991 US			Mailing Address P.O. BOX 167 PALM CITY, FL 34991 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0257108	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DONNALLY, MARY 4264 SUMMALLAND CREEK TR. PALM CITY, FL 34990				Name <i>DENISE M. MARTIN</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>4208 SW MALLARD CREEK TRAIL</i>	
				City <i>PALM CITY</i>	FL Zip Code <i>34990</i>
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 <i>Denise M. Martin</i>				DATE <i>3/25/04</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGEENAKIS, JOHN		NAME	DAGEENAKIS, JOHN	
STREET ADDRESS	4236 SW MALLARD CREEK TRAIL		STREET ADDRESS	4236 SW MALLARD CREEK TRAIL	
CITY-ST-ZIP	PALM CITY, FL 34490		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNALLY, MARY		NAME	MARTIN DENISE M	
STREET ADDRESS	4264 SW MALLARD CREEK TRAIL		STREET ADDRESS	4208 SW MALLARD CREEK TRAIL	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRARY, JOAN		NAME		
STREET ADDRESS	4235 SW MALLARD CREEK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOVER, JOHN		NAME	NOFI, SALVATORE	
STREET ADDRESS	4200 SW MALLARD CREEK TRAIL		STREET ADDRESS	4239 SW MALLARD CREEK TRAIL	
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, BUCK		NAME		
STREET ADDRESS	4267 SW MALLARD CREEK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Denise M. Martin</i>				DATE: <i>3/25/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE # <i>772-220-0214</i>	

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