

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000386

FILED
Apr 28, 2009
Secretary of State

Entity Name: MALLARD'S LANDING VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

5067 TAMiami TRAIL E
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:
5067 TAMiami TRAIL E
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-3623530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARDINAL MANAGEMENT GROUP
5067 TAMiami TRAIL E
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUBIN, BOB
Address: 8548 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: WHITEHEAD, LINDA
Address: 8466 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: CARSWELL, PEGGY
Address: 8476 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: MERLING, MYLES
Address: 8465 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: SNAPE, ED
Address: 8426 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITEHEAD, LINDA
Address: 8466 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: JOHNSTON, DICK
Address: 8417 MALLARD'S WAY
City-St-Zip: NAPLES, FL 34114

Title: S (X) Change () Addition
Name: CARSWELL, PEGGY
Address: 8476 MALLARDS WAY
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WHITEHEAD

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date