

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 010 ****61.25

DOCUMENT # N01000004433

1. Entity Name
**MALLARD POINTE HOMEOWNERS ASSOCIATION OF
POLK COUNTY, INC.**



Principal Place of Business
**1154 HAVENDALE BLVD
WINTER HAVEN, FL 33885**

Mailing Address
**1154 HAVENDALE BLVD
WINTER HAVEN, FL 33885**

20019091



02222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
PO Box 7404
Suite, Apt. #, etc.

3. Mailing Address
PO Box 7404
Suite, Apt. #, etc.

City & State
Winter Haven, Florida
Zip Country
33883 USA

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Winter Haven, Florida
Zip Country
33883 USA

4. FEI Number
90-0015446
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRAUGHN, RICHARD E ESQ
255 MAGNOLIA AVE SW
WINTER HAVEN, FL 33880**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SWAIN, BRIAN
P.O. BOX 3096
WINTER HAVEN, FL 33884** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
CLINE, PAT
PO BOX 3096
WINTER HAVEN, FL 33884** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEGGETT, LAURA
PO BOX 3096
WINTER HAVEN, FL 33884** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Rick Robinson
PO Box 7404
Winter Haven, FL 33883** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Tina Bader
PO Box 7404
Winter Haven, FL 33883** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President
Dan Beale
PO Box 7404
Winter Haven, FL 33883** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Keith Harris
PO Box 7404
Winter Haven, FL 33883** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Jim Porterfield
PO Box 7404
Winter Haven, FL 33883** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Tina Bader

2/22/2005

863-206-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #