

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004433

FILED
Jan 21, 2008
Secretary of State

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

Current Principal Place of Business:

PO BOX 7404
WINTER HAVEN, FL 33883

New Principal Place of Business:

C/O STRAUGH, TURNER, & SMITH
255 MAGNOLIA AVE SW
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 7404
WINTER HAVEN, FL 33885

New Mailing Address:

PO BOX 7404
WINTER HAVEN, FL 33883

FEI Number: 90-0015446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUGHN, RICHARD E ESQ
255 MAGNOLIA AVE SW
WINTER HAVEN, FL 33880 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: ROBINSON, RICK
Address: PO BOX 7404
City-St-Zip: WINTER HAVEN, FL 33883

Title: ST () Delete
Name: BADER, TINA
Address: PO BOX 7404
City-St-Zip: WINTER HAVEN, FL 33883

Title: VP () Delete
Name: BEALE, DAN
Address: PO BOX 7404
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: HARRIS, KEITH
Address: PO BOX 7404
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: DURDEN, J. WAYNE
Address: PO BOX 7404
City-St-Zip: WINTER HAVEN, FL 33883

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TINA BADER

ST

01/21/2008

Electronic Signature of Signing Officer or Director

Date