


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00-AM
Secretary of State

DOCUMENT # N01000008259
1. Entity Name
**MALLARD WAY COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
6601 TAYLOR ROAD 6601 TAYLOR ROAD
PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
06-1644293 Not Applicable

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

6. Name and Address of Current Registered Agent
OLMSTED, DAVID E
18501 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution.** Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLMSTEAD, DAVID E 18501 MURDOCK CIRCLE #101 PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLIOT, ROBERT M 28965 PALM SHORES BLVD. PUNTA GORDA, FL 339510776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRY, JOHN 6601 TAYLOR RD PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80058-004 61.25

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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: *John Barry* *John Barry* 1/6/04 941 575 8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #