

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010662

FILED  
Jan 19, 2007  
Secretary of State

**Entity Name:** MALLARD'S COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 CARLTON PLACE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

6701 MALLARD COVE RD-OFFICE  
JUPITER, FL 33458

**Current Mailing Address:**

3600 CARLTON PLACE  
BOCA RATON, FL 33496

**New Mailing Address:**

6701 MALLARD COVE RD-OFFICE  
JUPITER, FL 33458

**FEI Number:** 41-2220762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEADOWS OF JUPITER FLORIDA CONDO, LLC  
3600 CARLTON PLACE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

MEADOWS OF JUPITER FLORIDA CONDO, LLC  
6701 MALLARD COVE RD-OFFICE  
JUPITER, FL 33458 US

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: ROBERT LITTMAN

01/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LITTMAN, ROBERT  
Address: 3600 CARLTON PLACE  
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Delete  
Name: RAPPAPORT, GERALD P  
Address: 5371 10TH AVENUE NORTH, SUITE 3  
City-St-Zip: GREENACRES, FL 33463

Title: STD ( ) Delete  
Name: TORRES, MAGGIE  
Address: 1501 CRESCENT CIRCLE  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LITTMAN, ROBERT  
Address: 1501 CRESCENT CIRCLE OFFICE  
City-St-Zip: LAKE PARK, FL 33403

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

Title: STD (X) Change ( ) Addition  
Name: TORRES, MAGGIE  
Address: 1501 CRESCENT CIRCLE OFFICE  
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT LITTMAN

PD

01/19/2007

Electronic Signature of Signing Officer or Director

Date