

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14581

FILED
Mar 22, 2007
Secretary of State

Entity Name: MALLARD COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR.
DAYTONA BCH., FL 32119 US

New Principal Place of Business:

1190 PELICAN BAY DR.
DAYTONA BCH., FL 32119 US

Current Mailing Address:

1166 PELICAN BAY DR.
DAYTONA BCH., FL 32119 US

New Mailing Address:

1190 PELICAN BAY DR.
DAYTONA BCH., FL 32119 US

FEI Number: 59-2678267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BCH., FL 32119 US

Name and Address of New Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BCH., FL 32119 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:

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, FRED
Address: 137 GREENWING TEAL
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD () Delete
Name: DALLAS, GEORGE
Address: 532 SPOTTED SANDPIPER
City-St-Zip: DAYTONA BEACH, FL

Title: DVP () Delete
Name: THOMAS, MURPH
Address: 233 MALLARD LANE
City-St-Zip: DAYTONA BEACH, FL

Title: PD () Delete
Name: JONES, GORDON
Address: 133 GREENWING TEAL CT
City-St-Zip: DAYTONA BCH, FL 32119

Title: DS () Delete
Name: TAYLOR, ROGER
Address: 129 GREENWING TEAL
City-St-Zip: DAYTONA BEACH, FL 32119

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: DS (X) Change () Addition
Name: LONG, KIMBERLY
Address: 512 SPOTTED SANDPIPER DR
City-St-Zip: DAYTONA BEACH, FL 32119

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: GORDON JONES

PD

03/22/2007

Electronic Signature of Signing Officer or Director

Date