FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23156 (5)

1. Corporation Name
MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 167 PALM CITY FL 34990	P.O. BOX 167 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1510535 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNUDSEN, GERALD J
4216 SW MALLARD CREEK TRAIL
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PALACE, JOHN T	1.2 NAME	
STREET ADDRESS	4267 SW MALLARD CREEK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	THUMSER, RICHARD J	2.2 NAME	
STREET ADDRESS	4219 SW MALLARD CREEK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAL CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	~~SCHACHTER, BARBARA~~	3.2 NAME	SEC SCHWALBE, MINETTE
STREET ADDRESS	~~4195 SW MALLARD CREEK TRAIL~~	3.3 STREET ADDRESS	4247 SW MALLARD CR. TR
CITY-ST-ZIP	~~PAL CITY FL~~	3.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~RIEGELMAN, PHILIP B~~	4.2 NAME	D ROBERT MCNALL
STREET ADDRESS	~~4255 SW MALLARD CREEK TRAIL~~	4.3 STREET ADDRESS	4251 SW MALLARD CR. TR
CITY-ST-ZIP	~~PALM CITY FL~~	4.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KNUDSEN, GERALD J	5.2 NAME	
STREET ADDRESS	4216 SW MALLARD CREEK TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X John T Palace — 3/7/95 — 407-283-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN T PALACE

0070300