2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23156 1. Entity Name

MALLARD CREEK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 167 P.O. BOX 167 PALM CITY FL 34991 PALM CITY FL 34991 US

FILED Feb 27, 2001 8:00 am Secretary of State

02-27-2001 90324 007 ****61.25



							178) Alau Hen IV	411 8 81 1 1881	
2. Principal Place of Business		3. Mailing Address					<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	er 65-0257108	 	pplied For at Applicable	
Zip Country		Zip Country					\$8.75 Add		
Zip	Country		Country	'	5. Certificate	of Status Desired	Fee Required		
	6. Name and Address of Current Re	egistered Agent	<u> </u>		7. Name and	Address of New Registere	d Agent	-	
•			Name	Name					
KNUDSEN	i, GERALD J	Street Address		Address (P.0	(P.O. Box Number is Not Acceptable)				
	MALLARD CREEK TRAIL		MAT 11	City FL Zip Code					
PALM CIT	Y FL 34990		City						
							<u> </u>		
8. The above	named entity submits this statement for t	he purpose of changing its	registered office of	or registered	l agent, or bo	th, in the state of Florida.			
SIGNATURE _									
0,0,1,1,0,1,2,0	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signa	ture required wh	nen reinstating)	DATE	<u> </u>		
	FILE NOW:				.00 May Be Make Check Payable to Department of State			'	
	FEE IS \$61.25	Trast Fund Contrib	dion.	Added to	01665	Departme	III OI State		
10.	OFFICERS AND DIRE	CTORS	11	AD	DITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN		
TITLE	VD	☐ Delete	TITLE				Change	Addition	
NAME	DAGEENAKIS, JOHN		NAME						
STREET ADDRESS CITY-ST-ZIP	4236 SW MALLARD CREEK TRAIL PALM CITY FL 34490	•	STREET ADDRESS CITY-ST-ZIP						
TITLE	TD	Delete	TITLE	70	•		☐ Change	Addition	
NAME	NOFI, LILY	Cap Delete	NAME	MAR	y Don	MALLY			
STREET ADDRESS	4239 SW MALLARD CREEK TRL		STREET ADDRESS	4264	4 5.w.	Mallard Cree	L TRI		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	Paln	v CITY	F1 34990			
TITLE	SD SERRY CASSED	Delete	TITLE	5 D	200		☐ Change	☐ Addition	
NAME	PERRY, GASPER 4179 SW MALLARD CREEK TRL		NAME STREET ADDRESS	JACK	C PALA	mallard Cree	ICTAL.		
STREET ADDRESS CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	Para		FL. 34990		ļ	
TITLE	PD	□ Delete	TITLE	 	··· -	· · <u></u> · · · ·	☐ Change	☐ Addition	
NAME	SLOVER, JOHN		NAME						
STREET ADDRESS	4200 SW MALLARD CREEK TRAIL	-	STREET ADDRESS						
CITY-ST-ZIP	PALM CITY FL	·····	CITY-ST-ZIP						
TITLE	D	Delete	TITLE				☐ Change	☐ Addition	
NAME	MARTIN, EARL		NAME STREET ADDRESS					Í	
STREET ADDRESS CITY-ST-ZIP	4208 SW MALLARD CREEK TRAIL PALM CITY FL 34990	•	CITY-ST-ZIP						
	D D	□ Delete	TITLE				☐ Change	☐ Addition	
TITLE NAME	LABAW, RICHARD	□ Desete	NAME						
STREET ADDRESS	4227 SW MALLARD CREEK TRAIL	•	STREET ADDRESS						
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	J					

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:

AT DOWN ALLY TREASURE 1/11/01
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date