


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N23156	
1. Entity Name MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 167 PALM CITY, FL 34991 US	Mailing Address P.O. BOX 167 PALM CITY, FL 34991 US
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0257108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONAN, ELIZABETH P ESQ.
759 SOUTH FEDERAL HWY., STE. 212
STUART, FL 34994

**DO NOT WRITE
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 reinstating) _____ DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, RON 4215 SW MALLARD CREEK TRAIL PALM CITY, FL 34490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENHAUS, TODD N 4223 SW MALLARD CREEK TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUROVIEC, JOE 4191 S.W. MALLARD CREEK TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JOHN 4251 SW MALLARD CREEK TRAIL PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BUCK 4267 SW MALLARD CREEK TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000857198
03/31/08-80005-001 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Todd N. Rosenhaus** V1 3/10/08 772-231-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #