

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23156

FILED
Jan 24, 2009
Secretary of State

Entity Name: MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 167
PALM CITY, FL 34991 US

New Principal Place of Business:

4223 SW MALLARD CREEK TRAIL
PALM CITY, FL 34991 US

Current Mailing Address:

P.O. BOX 167
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0257108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, RON
Address: 4215 SW MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL 34490

Title: VD () Delete
Name: ROSENHAUS, TODD N
Address: 4223 SW MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: SUROVIEC, JOE
Address: 4191 S.W. MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: DAVIDSON, JOHN
Address: 4251 SW MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL

Title: D () Delete
Name: COOK, BUCK
Address: 4267 SW MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

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: D (X) Change () Addition
Name: CRAIG, JUDY
Address: 4232 SW MALLARD CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

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

I hereby certify that the information supplied with this filing does not qualify 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: TODD ROSENHAUS

VD

01/24/2009

Electronic Signature of Signing Officer or Director

_____ Date