

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23156

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4223 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34991 US

**New Principal Place of Business:**

4223 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34990 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:**

GOLDMAN, ROBERT ESQ.  
3473 SE WILLOUGHBY BLVD  
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  
Name: PHILLIPS, RON  
Address: 4215 SW MALLARD CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34490

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

Title: S  
Name: WAYNE, RUTH  
Address: 4195 S.W. MALLARD CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: CRAIG, JUDY  
Address: 4232 SW MALLARD CREEK TRAIL  
City-St-Zip: PALM CITY, FL 34990

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

I hereby 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 all other like empowered.

SIGNATURE: TODD ROSENHAUS

VD

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date