## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N23156**

1. Entity Name



**FILED** Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90036 044 \*\*\*\*61.25

MALLARD CREEK HOMEOWNERS ASSOCIATION, INC.									
Principal Place of Business P.O. BOX 167 PALM CITY FL 34991		Mailing Address P.O. BOX 167 PALM CITY FL 34991 US							
O Dringing Diago of Dunings		O Naviting Addition							
2. Principal Place of Business		3. Mailing Address					}	41 B/B1/ 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		_	4. FEI Number 6	5-0257108	— <del>— —</del>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent		<u> </u>	-7. Name and Add	ress of New Register	red Agent		
				Name MARY DOUGLA					
KNUDSEN, GERALD J			Street	MARY DONNALLY  Street Address (P.O. Box Number is Not Acceptable)  4264 Sul malland Creek Tail					
4216 SW MALLARD CREEK TRAIL PALM CITY FL 34990				4261	4 Surm	alland Cre	CERTAI)		
TALM ON THE 04000			City		-		<b>Zip Cod</b>		
			P	alm	CITY		rL 340	990	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office (	or registere	ed agent, or both, in	the State of Florida. 1	am familiar with,	and accept	
SIGNATURE May Dornally Signature, typed or brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
· · · · · · · · · · · · · · · · · · ·									
I	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund Co			\$5.00 May Be Added to Fees		neck Payable partment of \$		
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHANC	ES TO OFFICERS AN	D DIDECTORS IN	110	
TITLE	VD	Delete	TITLE	Τ	DDITIONS/CHANG	ES TO OFFICERS AND	Change	Addition	
NAME	DAGEENAKIS, JOHN	C Duicie	NAME				change		
STREET ADDRESS	4236 SW MALLARD CREEK TRAIL		STREET ADDRESS					ſ	
CITY-ST-ZIP	PALM CITY FL 34490		CITY-ST-ZIP						
TITLE	TD DONNALLY MARY	☐ Delete	TITLE	1			☐ Change	☐ Addition	
HAME STREET ADDRESS	DONNALLY, MARY   4264 SW MALLARD CREEK TRL		NAME STREET ADDRESS	·					
CITY-ST-ZIP	PALM CITY FL 34990	ميراريات المنتبعين المتعلدات	CITY-ST-ZIP=				سي رسورو		
TITLE	SD	Delete	TITLE	50			hange	Addition	
NAME	PALACE, JACK		NAME		N GRADI		,		
STREET ADDRESS	4267 SW MALLARD CREEK TRL		STREET ADDRESS			llard Creek			
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	Pa	M CITY,	<u> 71. 3499</u>			
TITLE	PD SLOVER, JOHN	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
NAME STREET ADDRESS	4200 SW MALLARD CREEK TRAIL		STREET ADDRESS					1	
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP						
TITLE	D	Delete	TITLE	D		·	☐ Change	Addition	
NAME	<del>LABAW, RICHAR</del> D		NAME	Bud	ck cook		al storia		
STREET ADDRESS	4227 SW MALLARD CREEK TRAIL		STREET ADDRESS	420	J SW IN	all and Cre	ec i ax	]	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	1 Pa	en city	F1 349		[T] + a.m.	
NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADORESS					Ì	
CITY-ST-ZIP			CITY-ST-ZIP					{	
12. I hereby o	pertify that the information supplied with t	his filing does not qualify for	the exemption sta	ated in Sec	ction 119.07(3)(i), Fk	orida Statutes, I further	r certify that the ir	nformation	

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:**