2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N95000003697

Entity Name: MALLARDS REACH SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7 MANDERLEY LN.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

7 MANDERLEY LN.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3622082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVERY, MARIE
7 MANDERLEY LN.
ORMOND BEACH, FL 32174 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: T ( ) Delete
Name: THOMAS, DIAN
Address: 23 MANDERLEY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: LANGLOTZ, KARLA
Address: 33 MANDERLEY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P ( ) Delete
Name: AVERY, MARIE A
Address: 7 MANDERLEY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: KLOEPFER, BONNIE
Address: 2 MANDERLEY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: SMITH, DANA
Address: 5 ARHCHANGEL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

Title: D ( ) Change (X) Addition
Name: ELLIOTT, DONA
Address: 3 ARCHANGEL
City-St-Zip: ORMOND BEACH, FL 32174

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: MARIE S. AVERY PRES 04/02/2009
Electronic Signature of Signing Officer or Director — Date