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FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003856 (9)**

1. Corporation Name

MALLARD CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 800 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802	Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32801-3438
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3. Date Incorporated or Qualified 07/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3412914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANITZ, KARL
200 SOUTH ORANGE AVENUE
SUITE 2150
ORLANDO FL 32802**

81 Name JOEL K. GOLDMAN	82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR.
83 LEGAT DEPT- 9TH FLOOR	84 City MIAMI
85 Zip Code FL 33133	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Joel K. Goldman**

4-05-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KANITZ, KARL
STREET ADDRESS	200 SOUTH ORANGE AVENUE, SUITE 2150
CITY-ST-ZIP	ORLANDO FL 32802
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL ESQ.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPARROW, MARK
STREET ADDRESS	950 DAVIS POND BOULEVARD
CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARLETON, CALL'S
1.3 STREET ADDRESS	2601 S. BAYSHORE DR
1.4 CITY-ST-ZIP	MIAMI FL 33133
2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOLDMAN, JOEL K.
2.3 STREET ADDRESS	2601 S. BAYSHORE DR
2.4 CITY-ST-ZIP	MIAMI FL 33133
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KANITZ, KARL
3.3 STREET ADDRESS	2601 S. BAYSHORE DR
3.4 CITY-ST-ZIP	MIAMI FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joel K. Goldman**

4-15-97 305-259-4071

CR2E037 (9/96)