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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802	Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802
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3. Date Incorporated or Qualified 07/23/1996	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 2601 S. Bayshore Drive
22 City & State	27 Suite 900 - Legal Dept.
23 City & State	28 Miami, Florida
24 Zip	29 33133
25 Country	30 Country

9. Name and Address of Current Registered Agent

**GOLDMAN, JOEL K
2601 S BAYSHORE DR
LEGAL DEPT - 9TH FLOOR
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KANITZ, KARL	1.1 TITLE	PD Gillette, J. Thomas
NAME	2801 S BAYSHORE DR	1.2 NAME	2601 S, Bayshore Drive
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, Florida 33133
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD GOLDMAN, JOEL K	2.1 TITLE	D Goldin, Amy H.
NAME	2601 S. BAYSHORE DRIVE	2.2 NAME	2601 S. Bayshore Drive
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Miami, Florida 33133
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VTD CARLETON, CALLIS	3.1 TITLE	VT Cook, Paula
NAME	2801 S BAYSHORE DR	3.2 NAME	2601 S. Bayshore Drive
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	Miami, Florida 33133
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	AS Laplein, Suzie
NAME		4.2 NAME	2601 S. Bayshore Drive
STREET ADDRESS		4.3 STREET ADDRESS	Miami, Florida 33133
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Amy H. Goldin* **4/10/98** **305/859-4557**

CR2E037 (10/97)