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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

DOCUMENT # N96000003856 (9)

1. Corporation Name

MALLARD CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 SOUTH ORANGE AVENUE
SUITE 2150
ORLANDO FL 32802

200 SOUTH ORANGE AVENUE
SUITE 2150
ORLANDO FL 32802

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

59-3412914

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2601 S. Bayshore Drive

22 City & State

27 Suite 900 - Legal Dept.

23 Zip Country

28 Miami, Florida

24 Zip Country

29 33133 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KANITZ, KARL
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Gillette, J. Thomas
1.3 STREET ADDRESS 2601 S. Bayshore Drive
1.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE VSD
NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE D
2.2 NAME Goldin, Amy H.
2.3 STREET ADDRESS 2601 S. Bayshore Drive
2.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE VTD
NAME CARLETON, CALLIS
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE VT
3.2 NAME Cook, Paula
3.3 STREET ADDRESS 2601 S. Bayshore Drive
3.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE AS
4.2 NAME Lamlein, Suzie
4.3 STREET ADDRESS 2601 S. Bayshore Drive
4.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joel K. Goldman

4/10/98

305/859-4557

CR2E037 (10/97)